

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Women Speak Out PAC

ADDRESS (number and street)

1200 New Hampshire Ave NW

Suite 750

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Emily Buchanan

Signature of Treasurer

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 09 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		1842.48
(b) Cash on Hand at Beginning of Reporting Period.....	587509.11	
(c) Total Receipts (from Line 19)	340708.87	2059379.2
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	928217.98	2061221.68
7. Total Disbursements (from Line 31)	338710.36	1471714.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	589507.62	589507.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
09	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

332777.87

2032430.36

(ii) Unitemized

7931

26948.84

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

340708.87

2059379.2

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

340708.87

2059379.2

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0

0

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

340708.87

2059379.2

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

340708.87

2059379.2

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	168416.7	816690.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	168416.7	816690.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E)	170293.66	655024.04
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	338710.36	1471714.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	338710.36	1471714.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	340708.87	2059379.2
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	340708.87	2059379.2
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	168416.7	816690.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	168416.7	816690.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 2127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. John Hasley

Mailing Address 8029 South Bridge Way

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2014

Transaction ID : 4A-BEE7-09B587A95B24

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Walter Seward

Mailing Address 1919 Willowgreen Drive

City State Zip Code
 Dayton OH 45432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 29 / 2014

Transaction ID : 2C-9906-8FE3E464F10A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jonathan Rodney

Mailing Address 7 Ethelridge Road

City State Zip Code
 White Plains NY 10605

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASML

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : D2-BD66-9A32B63F4864

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 2127

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. James Godchaux Full Name (Last, First, Middle Initial) Mailing Address 112 Queen of Peace Drive City Lafayette State LA Zip Code 70508 FEC ID number of contributing federal political committee. C Name of Employer St. Landry Radiology Occupation Healthcare Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2014 Transaction ID : 3F-AC9A-E6339F27676D Amount of Each Receipt this Period 500.00
B. Howard Ahmanson Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 19599 City Irvine State CA Zip Code 92623 FEC ID number of contributing federal political committee. C Name of Employer Fieldstead & Co. Occupation Founder / Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 20000.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 15 / 2014 Transaction ID : 2D-8D69-790DEB689AB7 Amount of Each Receipt this Period 10000.00
C. Laurel Hall Full Name (Last, First, Middle Initial) Mailing Address 4839 Hoyer Drive City Sarasota State FL Zip Code 34241 FEC ID number of contributing federal political committee. C Name of Employer self Occupation real estate investments Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 Transaction ID : 42-BA4C-B8C4925104A3 Amount of Each Receipt this Period 100.00
SUBTOTAL of Receipts This Page (optional)..... ▶		10600.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 2127

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Ken Rasch Full Name (Last, First, Middle Initial) Mailing Address 1834 Johnson Avenue City Fort Dodge State IA Zip Code 50501 FEC ID number of contributing federal political committee. C Name of Employer Rasch Farms Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 09 / 2014 Transaction ID : B5-98F4-268C29330938 Amount of Each Receipt this Period 25.00
B. Ken Rasch Full Name (Last, First, Middle Initial) Mailing Address 1834 Johnson Avenue City Fort Dodge State IA Zip Code 50501 FEC ID number of contributing federal political committee. C Name of Employer Rasch Farms Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2014 Transaction ID : 3F-9FEE-D6FE0ABABE63 Amount of Each Receipt this Period 25.00
C. Ken Rasch Full Name (Last, First, Middle Initial) Mailing Address 1834 Johnson Avenue City Fort Dodge State IA Zip Code 50501 FEC ID number of contributing federal political committee. C Name of Employer Rasch Farms Occupation Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 30 / 2014 Transaction ID : 33-A831-3B07E5E8F151 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)..... ▶		75.00
TOTAL This Period (last page this line number only)..... ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 2127

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Kevin Burke

Mailing Address 11755 Wilshire Boulevard
Suite 2450

City State Zip Code
Los Angeles CA 90025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Managing Director

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 23 / 2014

Transaction ID : B6-8625-E337BE370DA1

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Bryant Conger

Mailing Address 5990 Richmond Highway #408

City State Zip Code
Alexandria VA 22303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Susan B. Anthony List

Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 24 / 2014

Transaction ID : 62-91E0-E083273F8FBD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Larry ONeill

Mailing Address 824 N. Clark Drive

City State Zip Code
Palatine IL 60074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Former Author

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 17 / 2014

Transaction ID : 81-8359-91A06811C241

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 2127

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Francis Melfi

Mailing Address 79 River Street

City State Zip Code
 Salamanca NY 14779

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUR LADY OF PEACE

Occupation

CATHOLIC PRIEST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2014

Transaction ID : 75-8451-ECE2DFF925F2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sharon Bourassa

Mailing Address 9973 NW 45th St

City State Zip Code
 Sunrise FL 33351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legal Aid

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 05 / 2014

Transaction ID : 03-9328-DBA7AC1D8443

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
 Ste 750

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531042.36

Date of Receipt

09 / 30 / 2014

Transaction ID : CA-97F7-874EBBD2D1A3

Amount of Each Receipt this Period

200000.00

SUBTOTAL of Receipts This Page (optional)..... ►

201250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 2127

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
 Ste 750

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531042.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : B8-BB99-9061023B3C9A

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

B. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
 Ste 750

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531042.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : BC-BEC4-27DCF09C53EA

Amount of Each Receipt this Period

13058.00

In Kind - Salaries

In Kind - Salaries

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
 Ste 750

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531042.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : A5-8D60-B217C5F51BB0

Amount of Each Receipt this Period

998.94

In Kind - Payroll Taxes

In Kind - Payroll Taxes

SUBTOTAL of Receipts This Page (optional)..... ►

114056.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 2127

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
 Ste 750

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531042.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 30 2014

Transaction ID : 08-887B-AFA60CBAA697

Amount of Each Receipt this Period

2795.93

In Kind - Office Expense

In Kind - Office Expense

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2795.93

332777.87

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Petrina Williams

Mailing Address 3007 Darden Rd

City	State	Zip Code
Greensboro	NC	27407

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

002

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

Transaction ID : 164668D2-6882-4BC4-A

Amount of Each Disbursement this Period

158.20

Full Name (Last, First, Middle Initial)

B. Petrina Williams

Mailing Address 3007 Darden Rd

City	State	Zip Code
Greensboro	NC	27407

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2014

Transaction ID : B7B76F93-C09C-4399-9

Amount of Each Disbursement this Period

1175.19

Full Name (Last, First, Middle Initial)

C. Petrina Williams

Mailing Address 3007 Darden Rd

City	State	Zip Code
Greensboro	NC	27407

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : 2C382D7B-580B-4960-B

Amount of Each Disbursement this Period

1175.19

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2508.58

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Authorize.Net

Mailing Address PO Box 947

City	State	Zip Code
American Fork	UT	84003

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : 46882F37-A683-429C-A

Amount of Each Disbursement this Period

46.88

Full Name (Last, First, Middle Initial)

B. PayChex

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Processing Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2014

Transaction ID : 25A9C982-48B5-4D56-9

Amount of Each Disbursement this Period

38.30

Full Name (Last, First, Middle Initial)

C. PayChex

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Processing Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : B896D5DA-AB9B-4B35-9

Amount of Each Disbursement this Period

38.30

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

123.48

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. PayChex

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Processing Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2014

Transaction ID : 5E73A975-C27C-464F-9

Amount of Each Disbursement this Period

38.30

Full Name (Last, First, Middle Initial)

B. PayChex

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Processing Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2014

Transaction ID : 0AEDA859-593C-4D53-8

Amount of Each Disbursement this Period

200.95

Full Name (Last, First, Middle Initial)

C. PayChex

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Processing Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : F50A8CD1-AEFD-4F03-8

Amount of Each Disbursement this Period

232.63

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

471.88

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City State Zip Code
 Mountain View CA 94042

Purpose of Disbursement
 Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 09 02 2014

Transaction ID : F78A8186-06ED-4FF7-9

Amount of Each Disbursement this Period

15.95

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

City State Zip Code
 Mountain View CA 94042

Purpose of Disbursement
 Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 09 12 2014

Transaction ID : C6DC306E-7B64-437F-8

Amount of Each Disbursement this Period

0.83

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City State Zip Code
 Mountain View CA 94042

Purpose of Disbursement
 Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
 09 29 2014

Transaction ID : 3690C517-4799-49F6-A

Amount of Each Disbursement this Period

3.15

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19.93

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City	State	Zip Code
Mountain View	CA	94042

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2014

Transaction ID : 2FC5784C-AC5E-4C8D-A

Amount of Each Disbursement this Period

5.33

Full Name (Last, First, Middle Initial)

B. Susan B Anthony List

Mailing Address 1707 L St., NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
IN KIND-Office Expense

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : 5BAA9708-2446-4BD8-9

Amount of Each Disbursement this Period

2795.93

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List

Mailing Address 1707 L St., NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
IN KIND-Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : BE91320E-814A-4AE8-A

Amount of Each Disbursement this Period

998.94

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3800.20

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Susan B Anthony List

Mailing Address 1707 L St., NW

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
IN KIND-Salaries

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	30	/	2014

Transaction ID : 66A450E6-6665-4094-9

Amount of Each Disbursement this Period

13058.00

Full Name (Last, First, Middle Initial)

B. LA Department of Taxation

Mailing Address PO Box 201

City
Baton RougeState
LAZip Code
70802Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2014

Transaction ID : 815BB582-B8E6-47FF-B

Amount of Each Disbursement this Period

430.00

Full Name (Last, First, Middle Initial)

C. NC Department of Revenue

Mailing Address PO Box 25000

City
RaleighState
NCZip Code
27640Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2014

Transaction ID : 0D0B8903-1F69-4FFE-A

Amount of Each Disbursement this Period

862.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14350.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. NC Department of Revenue

Mailing Address PO Box 25000

City Raleigh State NC Zip Code 27640

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014
Transaction ID : 64035AE4-8F0F-4B67-9

Amount of Each Disbursement this Period

51.00

Full Name (Last, First, Middle Initial)

B. AR Department of Revenue

Mailing Address 1509 W. 7th Street

City Little Rock State AR Zip Code 72201

Purpose of Disbursement
Payroll Tax

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 51AB7859-9353-43F0-A

Amount of Each Disbursement this Period

424.16

Full Name (Last, First, Middle Initial)

C. DC Unemployment Services

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement
Payroll Tax

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : E5AAEC5C-AECC-4D49-B

Amount of Each Disbursement this Period

305.01

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

780.17

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Copyright © 2010 Pearson Education, Inc. All rights reserved.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : 6B6D24BA-3BA4-4A35-A

Amount of Each Disbursement this Period

1805.82

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2014

Transaction ID : 7A87831B-2992-417C-A

Amount of Each Disbursement this Period

2419.58

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : AB30EBE7-3810-4013-9

Amount of Each Disbursement this Period

12265.91

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16491.31

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2014

Transaction ID : D5A4B7DD-2C23-4801-B

Amount of Each Disbursement this Period

397.56

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2014

Transaction ID : F0FFB56C-ECEB-46F4-A

Amount of Each Disbursement this Period

2318.84

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Consulting

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2014

Transaction ID : E22B15AC-4064-4E3F-8

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6716.40

--

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2014

Transaction ID : E817DB59-5C40-4156-B

Amount of Each Disbursement this Period

4841.54

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : F472E218-651E-41B1-8

Amount of Each Disbursement this Period

5069.37

Full Name (Last, First, Middle Initial)

C. Ms. Ruth Wisher

Mailing Address 515 Gardere Lane
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014

Transaction ID : F9BA9B46-1CD1-4CED-B

Amount of Each Disbursement this Period

250.94

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10161.85

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ruth Wisher

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				1	7						2	0	1	4

Mailing Address 515 Gardere Lane
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement
Travel Reimbursement

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : B2AFC91C-61AB-4044-A

Amount of Each Disbursement this Period

358.67

Full Name (Last, First, Middle Initial)

B. Ms. Ruth Wisher

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	6						2	0	1	4

Mailing Address 515 Gardere Lane
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement
Wages

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : F7BDDAEC-0483-4F97-9

Amount of Each Disbursement this Period

2963.19

Full Name (Last, First, Middle Initial)

C. Mr. Robert Clapper

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	6						2	0	1	4

Mailing Address 924 French St.

City New Orleans State LA Zip Code 70124

Purpose of Disbursement
Wages

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 47A43794-874B-482E-9

Amount of Each Disbursement this Period

2270.75

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5592.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : AF6ED415-671A-4C5E-9

Amount of Each Disbursement this Period

2309.81

Full Name (Last, First, Middle Initial)

B. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : 93FE4D46-6004-4DD8-B

Amount of Each Disbursement this Period

2558.58

Full Name (Last, First, Middle Initial)

C. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

002

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : F1CF69C8-3B7A-4DDD-9

Amount of Each Disbursement this Period

227.34

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5095.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City
WilmingtonState
NCZip Code
24811Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	17	/	2014

Transaction ID : 02F5433C-91E0-465C-A

Amount of Each Disbursement this Period

293.73

Full Name (Last, First, Middle Initial)

B. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City
WilmingtonState
NCZip Code
24811Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2014

Transaction ID : 4CF86545-A4C2-4E99-9

Amount of Each Disbursement this Period

337.69

Full Name (Last, First, Middle Initial)

C. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City
WilmingtonState
NCZip Code
24811Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Transaction ID : 3206F426-93F1-4230-9

Amount of Each Disbursement this Period

542.98

SUBTOTAL of Disbursements This Page (optional)..... ►

1174.40

TOTAL This Period (last page this line number only)..... ►

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : C9419F17-FA04-4EDC-9

Amount of Each Disbursement this Period

586.61

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	
Travel Reimbursement	
1	Travel Reimbursement
2	Travel Reimbursement
3	Travel Reimbursement
4	Travel Reimbursement
5	Travel Reimbursement
6	Travel Reimbursement
7	Travel Reimbursement
8	Travel Reimbursement
9	Travel Reimbursement
10	Travel Reimbursement
11	Travel Reimbursement
12	Travel Reimbursement
13	Travel Reimbursement
14	Travel Reimbursement
15	Travel Reimbursement
16	Travel Reimbursement
17	Travel Reimbursement
18	Travel Reimbursement
19	Travel Reimbursement
20	Travel Reimbursement
21	Travel Reimbursement
22	Travel Reimbursement
23	Travel Reimbursement
24	Travel Reimbursement
25	Travel Reimbursement
26	Travel Reimbursement
27	Travel Reimbursement
28	Travel Reimbursement
29	Travel Reimbursement
30	Travel Reimbursement
31	Travel Reimbursement
32	Travel Reimbursement
33	Travel Reimbursement
34	Travel Reimbursement
35	Travel Reimbursement
36	Travel Reimbursement
37	Travel Reimbursement
38	Travel Reimbursement
39	Travel Reimbursement
40	Travel Reimbursement
41	Travel Reimbursement
42	Travel Reimbursement
43	Travel Reimbursement
44	Travel Reimbursement
45	Travel Reimbursement
46	Travel Reimbursement
47	Travel Reimbursement
48	Travel Reimbursement
49	Travel Reimbursement
50	Travel Reimbursement
51	Travel Reimbursement
52	Travel Reimbursement
53	Travel Reimbursement
54	Travel Reimbursement
55	Travel Reimbursement
56	Travel Reimbursement
57	Travel Reimbursement
58	Travel Reimbursement
59	Travel Reimbursement
60	Travel Reimbursement
61	Travel Reimbursement
62	Travel Reimbursement
63	Travel Reimbursement
64	Travel Reimbursement
65	Travel Reimbursement
66	Travel Reimbursement
67	Travel Reimbursement
68	Travel Reimbursement
69	Travel Reimbursement
70	Travel Reimbursement
71	Travel Reimbursement
72	Travel Reimbursement
73	Travel Reimbursement
74	Travel Reimbursement
75	Travel Reimbursement
76	Travel Reimbursement
77	Travel Reimbursement
78	Travel Reimbursement
79	Travel Reimbursement
80	Travel Reimbursement
81	Travel Reimbursement
82	Travel Reimbursement
83	Travel Reimbursement
84	Travel Reimbursement
85	Travel Reimbursement
86	Travel Reimbursement
87	Travel Reimbursement
88	Travel Reimbursement
89	Travel Reimbursement
90	Travel Reimbursement
91	Travel Reimbursement
92	Travel Reimbursement
93	Travel Reimbursement
94	Travel Reimbursement
95	Travel Reimbursement
96	Travel Reimbursement
97	Travel Reimbursement
98	Travel Reimbursement
99	Travel Reimbursement
100	Travel Reimbursement

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : A2817DA0-1D3C-463C-8

Amount of Each Disbursement this Period

107.48

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	
Travel Reimbursement	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : F52FD6A2-EFB8-4656-A

Amount of Each Disbursement this Period

112.24

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

806.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2014
Transaction ID : 02325463-4302-4343-A

Amount of Each Disbursement this Period

151.00

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2014
Transaction ID : D9A400A5-3133-4D3F-A

Amount of Each Disbursement this Period

156.22

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014
Transaction ID : 73FC437E-9FFF-4FED-A

Amount of Each Disbursement this Period

239.44

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

546.66

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement
Wages

Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 26 / 2014
Transaction ID : C35E96A5-122E-4530-9

Amount of Each Disbursement this Period

2359.19

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Wages

Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 73D2491D-8EA3-4826-9

Amount of Each Disbursement this Period

4621.00

Full Name (Last, First, Middle Initial)

C. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Travel Reimbursement

Candidate Name

002

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 11 / 2014
Transaction ID : 8401E652-58E0-4571-A

Amount of Each Disbursement this Period

91.50

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7071.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		17		2014

Transaction ID : 902DAB80-7AD9-4554-9

Amount of Each Disbursement this Period

108.71

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : 5245CA69-CE94-457F-8

Amount of Each Disbursement this Period

229.81

Full Name (Last, First, Middle Initial)

C. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : 68E1A04F-42EE-477E-A

Amount of Each Disbursement this Period

32.50

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

371.02

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 62C4F01A-0CF3-4BE0-A

Amount of Each Disbursement this Period



159.32

Full Name (Last, First, Middle Initial)

B. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : 3F9B5A78-74F0-4E17-A

Amount of Each Disbursement this Period

201.21

Full Name (Last, First, Middle Initial)

C. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement

Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

09 / 29 / 2014

Transaction ID : CDB8D0C2-5C7C-4A94-9

Amount of Each Disbursement this Period

268.78

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

629.31

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Category/
Type

09 / 26 / 2014

Category/
Type

M M / D D / Y Y Y Y
09 03 2014

Category/
Type

State: District:

2663.29

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Julie Harris

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014
Transaction ID : A607EBAC-9F49-43A3-8

Amount of Each Disbursement this Period

203.31

Full Name (Last, First, Middle Initial)

B. Julie Harris

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2014
Transaction ID : 59C0A9CF-57C6-4C81-8

Amount of Each Disbursement this Period

258.43

Full Name (Last, First, Middle Initial)

C. Julie Harris

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014
Transaction ID : 81942E96-CDA2-4FF0-B

Amount of Each Disbursement this Period

472.51

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

934.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Wages

Candidate Name

001

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : FC31D52E-04B1-4C1F-8

Amount of Each Disbursement this Period

2359.25

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Wages

Candidate Name

001

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : C077F570-BC24-45E2-9

Amount of Each Disbursement this Period

681.04

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel Reimbursement

Candidate Name

002

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : F29863D4-EA09-4EBD-9

Amount of Each Disbursement this Period

5.60

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3045.89

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Christopher Crawford

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2014
Transaction ID : 7652E515-F825-42FE-A

Amount of Each Disbursement this Period

535.13

Full Name (Last, First, Middle Initial)

B. Christopher Crawford

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement
Wages

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 03 / 2014
Transaction ID : C04AB6D4-A279-40D5-A

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Jennifer Gross

Mailing Address 1707 L St, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Wages

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 87BD6549-4490-4839-A

Amount of Each Disbursement this Period

1717.42

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5252.55

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Michelle Rickert

Mailing Address 710 St. Martins Lane

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : C50F2F98-359F-4CE4-A

Amount of Each Disbursement this Period

85.11

Full Name (Last, First, Middle Initial)

B. Michelle Rickert

Mailing Address 710 St. Martins Lane

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : 6BC4D87B-A05C-48A8-8

Amount of Each Disbursement this Period

168.42

Full Name (Last, First, Middle Initial)

C. Michelle Rickert

Mailing Address 710 St. Martins Lane

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : 88CAC7B0-2059-495F-8

Amount of Each Disbursement this Period

2506.50

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2760.03

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Wages

Candidate Name

001

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 26 2014
Transaction ID : 749A8981-7E51-49C8-A

Amount of Each Disbursement this Period

2248.44

Full Name (Last, First, Middle Initial)

B. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel Reimbursement

Candidate Name

002

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 29 2014
Transaction ID : B2405F91-1110-4F00-B

Amount of Each Disbursement this Period

154.86

Full Name (Last, First, Middle Initial)

C. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel Reimbursement

Candidate Name

002

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 11 2014
Transaction ID : 7E9D1E31-B74E-4D3D-B

Amount of Each Disbursement this Period

449.31

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2852.61

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Andresen Blom

Date of Disbursement

Transaction ID : 5A2341BE-7D0F-49DE-8

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Dick Wadhams

Mailing Address 6388 South Chase Court

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
Littleton	CO	80123

Transaction ID : 90AF248A-A7F4-449C-B

Purpose of Disbursement Consulting

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

5000.00

State: District:

Full Name (Last, First, Middle Initial)

C. Majority Connections

Date of Disbursement

M M / D D / Y Y Y Y
09 11 2014

Mailing Address 10 Pinnacle Rd

City	State	Zip Code
Durham	NC	27705

Transaction ID : FC043193-21AA-47FA-A

Purpose of Disbursement Consulting

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

A horizontal number line with arrows at both ends. It has 11 tick marks, creating 10 equal intervals. The number 2000.00 is written above the 8th tick mark from the left.

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

12000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. The Carlyle Gregory Company, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Mailing Address 140 Little Falls St.
Suite 104

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
Consulting

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : DCE68AD8-F284-47BE-B

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Trace Strategies, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2014

Mailing Address 11104 Westpoint Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement
Consulting

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : E1B40B6B-0EB3-4686-B

Amount of Each Disbursement this Period

6169.44

Full Name (Last, First, Middle Initial)

C. Beene Office Park, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Mailing Address 2250 Hospital Drive
Suite 220

City Bossier City State LA Zip Code 71111

Purpose of Disbursement
Rent

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : C9683B84-660F-4EC7-9

Amount of Each Disbursement this Period

911.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9080.44

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. C&K Properties

Mailing Address 6350 Cephis Drive

City	State	Zip Code
Clemmons	NC	27012

Purpose of Disbursement
Rent

Candidate Name

001

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Transaction ID : 8E2BBD40-9AAC-4A14-8

Amount of Each Disbursement this Period

995.00

Full Name (Last, First, Middle Initial)

B. Centrex PropertiesMailing Address 4040 Ed Drive
Suite 210

City	State	Zip Code
Raleigh	NC	27607

Purpose of Disbursement
Rent

Candidate Name

001

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Transaction ID : 04BD8D82-A57E-4B5E-9

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. Colonial Properties

Mailing Address 5100 South Thompson St.

City	State	Zip Code
Springfield	AR	72764

Purpose of Disbursement
Rent

Candidate Name

001

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	29	/	2014

Transaction ID : 9392B5DE-8BC6-4ACD-9

Amount of Each Disbursement this Period

695.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2890.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. David Hostetler

Mailing Address 215 N Main St

City	State	Zip Code
Belmont	NC	28012

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : BB15491D-071E-4DF0-B

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

B. Douglas Young

Mailing Address 65 Crimson Laurel Way

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : BDA97AD0-3317-43C2-9

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

C. Dueling Oak, LLC

Mailing Address PO Box 1026

City	State	Zip Code
Madisonville	LA	70447

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : 84903AAD-ACE2-4331-B

Amount of Each Disbursement this Period

950.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2550.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. JSZ Property Management

Mailing Address 1507 East Race

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : 7A6743AE-A2BB-4E1F-8

Amount of Each Disbursement this Period

550.00

Full Name (Last, First, Middle Initial)

B. Orleans Place, LLC

Mailing Address PO Box 52592

City	State	Zip Code
Lafayette	LA	70505

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : 18C000EB-C4FB-4FA7-8

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

C. Time Warner Cable

Mailing Address PO 70872

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement
Utilities

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : 2BDB5717-7B02-4703-8

Amount of Each Disbursement this Period

168.71

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1618.71

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2014**Transaction ID : BABA88C7-F9A3-474F-B**

Amount of Each Disbursement this Period

0.10

B. Discount Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014**Transaction ID : 52A7641B-75A5-4AB3-A**

Amount of Each Disbursement this Period

0.10

C. Discount Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2014**Transaction ID : 5EC22BB7-099B-4181-8**

Amount of Each Disbursement this Period

0.57

SUBTOTAL of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2014**Transaction ID : 4A1B84DB-15B6-4794-A**

Amount of Each Disbursement this Period

0.92

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 16 / 2014**Transaction ID : 2E8159D7-1746-49D7-8**

Amount of Each Disbursement this Period

0.95

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2014**Transaction ID : 7E04C2B2-B268-49A7-A**

Amount of Each Disbursement this Period

0.95

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 30 / 2014

Transaction ID : BC752DF4-A917-4176-9

Amount of Each Disbursement this Period

1.14

B. Discount Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 10 / 2014

Transaction ID : 74F1F843-F29D-46F7-8

Amount of Each Disbursement this Period

2.85

C. Discount Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 02 / 2014

Transaction ID : EF6FDAC4-61A8-41E2-B

Amount of Each Disbursement this Period

2.96

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 02 2014

Transaction ID : 9D32C0A2-72A1-4FEE-B

Amount of Each Disbursement this Period

3.81

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 15 2014

Transaction ID : 0003542C-E6CA-4D0C-9

Amount of Each Disbursement this Period

4.85

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 29 2014

Transaction ID : E2EF754A-97FC-4AE1-B

Amount of Each Disbursement this Period

5.23

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13.89

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2014

Transaction ID : 02A48CCB-1999-4BF8-9

Amount of Each Disbursement this Period

8.94

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2014

Transaction ID : 6B061D94-5764-4DD2-9

Amount of Each Disbursement this Period

10.56

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2014

Transaction ID : 46647E4F-8955-477D-B

Amount of Each Disbursement this Period

12.45

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31.95

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 29 / 2014**Transaction ID : D848E9F8-07B6-4820-9**

Amount of Each Disbursement this Period

15.39

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 12 / 2014**Transaction ID : 179AB668-88C6-4B81-A**

Amount of Each Disbursement this Period

17.01

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 26 / 2014**Transaction ID : 38F6BA68-1E11-4AC6-8**

Amount of Each Disbursement this Period

21.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

53.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2014

Transaction ID : DAA7C25C-4966-471D-8

Amount of Each Disbursement this Period

23.56

B. Discount Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	22	/	2014

Transaction ID : C93EB313-DBFD-4204-9

Amount of Each Disbursement this Period

26.23

C. Discount Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2014

Transaction ID : D484E423-5359-4231-9

Amount of Each Disbursement this Period

29.08

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

78.87

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Emily BuchananMailing Address 1707 L St, NW
Suite 550

City Washington State DC Zip Code 20036

Purpose of Disbursement
Wages

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 26 / 2014**Transaction ID : E6894619-3909-4CBB-8**

Amount of Each Disbursement this Period

1268.16

Full Name (Last, First, Middle Initial)

B. Marjorie DannenfelserMailing Address 1707 L St, NW
Suite 350

City Washington State DC Zip Code 20036

Purpose of Disbursement
Wages

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 26 / 2014**Transaction ID : 7485DB01-AC75-4CE0-B**

Amount of Each Disbursement this Period

1174.52

Full Name (Last, First, Middle Initial)

C. Hope M Miller

Mailing Address 1966 Cherokee Street

City Baton Rouge State LA Zip Code 70806

Purpose of Disbursement
Wages

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y
09 / 26 / 2014**Transaction ID : 263ED40E-CBC9-488F-8**

Amount of Each Disbursement this Period

138.52

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2581.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Shanon Snyder

Mailing Address 2701 Winifred

City Metairie State LA Zip Code 70003

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2014
Transaction ID : 060B2A74-1F67-42F7-A

Amount of Each Disbursement this Period

28.76

Full Name (Last, First, Middle Initial)

B. Shanon Snyder

Mailing Address 2701 Winifred

City Metairie State LA Zip Code 70003

Purpose of Disbursement
Wages

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014
Transaction ID : 69A0D7EB-72EA-4A01-A

Amount of Each Disbursement this Period

1367.18

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 657

City Evansville State IN Zip Code 47704

Purpose of Disbursement
Phone

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014
Transaction ID : 16CDB46B-66E5-4C73-8

Amount of Each Disbursement this Period

3945.44

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5341.38

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Bamberger, Foreman, Oswald & Hahn, LLP

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2014

Mailing Address PO Box 657

City	State	Zip Code
Evansville	IN	47704

Transaction ID : A6831795-987C-4597-APurpose of Disbursement
Legal

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

900.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Cleco Power, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2014

Mailing Address PO Box

City	State	Zip Code
Dallas	TX	75266

Transaction ID : E490DB65-4DE0-4E3D-8Purpose of Disbursement
Utilities

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

67.14

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Cleco Power, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2014

Mailing Address PO Box

City	State	Zip Code
Dallas	TX	75266

Transaction ID : 39010711-AB24-474F-BPurpose of Disbursement
Utilities

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

67.14

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1034.28

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Duke Energy

Mailing Address PO Box 70516

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement	Utilities

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : F847D412-8D3B-43AB-8

Amount of Each Disbursement this Period

36.79

B. Duke Energy

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 70516

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement	Utilities

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

09 / 03 / 2014

Transaction ID : F6FCFD9A-448C-43E9-B

Amount of Each Disbursement this Period

97.50

C. Duke Energy

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 70516

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement Utilities

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
09 22 2014

Transaction ID : 499774AA-028F-495B-9

Amount of Each Disbursement this Period

143.12

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

277.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Entergy Arkansas, Inc.

Mailing Address PO Box 8101

City	State	Zip Code
Baton Rouge	LA	70891

Purpose of Disbursement
Utilities

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2014

Transaction ID : D6AA7CE8-0F83-4083-B

Amount of Each Disbursement this Period

34.92

Full Name (Last, First, Middle Initial)

B. Charles B Schmitz

Mailing Address 213 South Haynes St

City	State	Zip Code
Poplarville	MS	39470

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : 9EF31F3B-CA40-449F-B

Amount of Each Disbursement this Period

2681.42

Full Name (Last, First, Middle Initial)

C. Joanne Filiatreau

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : 64CC6CBE-24DA-40F3-A

Amount of Each Disbursement this Period

2410.30

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5126.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Joanne Filiatreau

Mailing Address 3 Putter Cove

City Sherwood State AR Zip Code 72120

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2014**Transaction ID : A6F7F02E-0CF9-40D9-8**

Amount of Each Disbursement this Period

199.73

Full Name (Last, First, Middle Initial)

B. Joanne Filiatreau

Mailing Address 3 Putter Cove

City Sherwood State AR Zip Code 72120

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2014**Transaction ID : 72D78F0F-5A4E-4B02-8**

Amount of Each Disbursement this Period

342.70

Full Name (Last, First, Middle Initial)

C. Joanne Filiatreau

Mailing Address 3 Putter Cove

City Sherwood State AR Zip Code 72120

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 17 / 2014**Transaction ID : 4FED4186-BC02-4CB3-8**

Amount of Each Disbursement this Period

1479.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2021.63

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mallory Quigley

Mailing Address 2061 Hopewood Dr

City	State	Zip Code
Falls Church	VA	22043

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 6F4C6FBD-08E9-4AA8-9

Amount of Each Disbursement this Period

49.55

Full Name (Last, First, Middle Initial)

B. Mallory Quigley

Mailing Address 2061 Hopewood Dr

City	State	Zip Code
Falls Church	VA	22043

Purpose of Disbursement
Travel Reimbursement

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 4F6CB500-D466-4436-9

Amount of Each Disbursement this Period

1223.60

Full Name (Last, First, Middle Initial)

C. Martha C Luke

Mailing Address 345 S Club Ave

City	State	Zip Code
St. Gabriel	LA	70776

Purpose of Disbursement	Wages
Wages	100
Salaries	100
Commodities	100
Services	100
Interest	100
Dividends	100
Transfer Payments	100
Other	100
Total	700

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 2AF397B4-8FF6-4075-9

Amount of Each Disbursement this Period

1377.93

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2651.08

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Clay A McCreary

Mailing Address 1762 Orchard Drive

City	State	Zip Code
Lenoir	NC	28645

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : F3C294DA-5BF0-4615-B

Amount of Each Disbursement this Period

63.26

Full Name (Last, First, Middle Initial)

B. Frank Cannon

Mailing Address 6217 Lee Highway

City	State	Zip Code
Arlington	VA	22205

Purpose of Disbursement Consulting

Candidate Name	Age	Gender	Marital Status	Religion	Ethnicity	Education Level	Occupation	Income	Assets	Liabilities	Net Worth	Debt-to-Income Ratio	Credit Score	Risk Rating
John Doe	35	Male	Married	Christian	White	Bachelor's Degree	Software Engineer	\$80,000	\$150,000	\$50,000	\$100,000	0.625	720	Low
Jane Smith	42	Female	Single	Muslim	Black	Master's Degree	Marketing Manager	\$95,000	\$200,000	\$75,000	\$125,000	0.789	750	Medium
Michael Johnson	28	Male	Divorced	Hindu	Asian	High School Graduate	Construction Worker	\$45,000	\$80,000	\$30,000	\$50,000	0.676	680	High
Sarah Williams	55	Female	Widowed	Jewish	Hispanic	Associate's Degree	Retail Salesperson	\$30,000	\$40,000	\$10,000	\$30,000	0.333	650	Very High
David Brown	60	Male	Married	Buddhist	Native American	Diploma	Truck Driver	\$50,000	\$100,000	\$50,000	\$50,000	1.000	600	Critical

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

09 / 11 / 2014

Transaction ID : D1BA8B0F-C48E-4672-8

Amount of Each Disbursement this Period

1100.00

Full Name (Last, First, Middle Initial)

C. Frank Cannon

Mailing Address 6217 Lee Highway

City	State	Zip Code
Arlington	VA	22205

Purpose of Disbursement	Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : AB124833-A13A-4482-A

Amount of Each Disbursement this Period

1100.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2263.26

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. VA Department of Taxation

Mailing Address PO Box 1115

City	State	Zip Code
Richmond	VA	23218

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : A3997980-23E5-490E-8

Amount of Each Disbursement this Period

103.34

Full Name (Last, First, Middle Initial)

B. Ms. Dayna Poppen

Mailing Address 111 Jerold Dr

City	State	Zip Code
West Monroe	LA	71291

Purpose of Disbursement
Wages

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : 9FE63BF9-2576-4A6F-B

Amount of Each Disbursement this Period

748.90

Full Name (Last, First, Middle Initial)

C. Morgan Meredith & AssociatesMailing Address 22780 Indian Creek Dr
Suite 100

City	State	Zip Code
Dulles	VA	20166

Purpose of Disbursement
Fundraising Mailing

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : 40610039-FA21-4C94-A

Amount of Each Disbursement this Period

5684.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6536.24

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 2127

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. TravelersMailing Address P.O. Box 660333
Dept. 98476

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 22 2014**Transaction ID : F5963231-5933-4DBC-9**

Amount of Each Disbursement this Period

199.50

Full Name (Last, First, Middle Initial)

B. Ogletree Deakins

Mailing Address P.O. Box 89

City Columbia State DC Zip Code 29202

Purpose of Disbursement
Legal

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 29 2014**Transaction ID : A12D2585-3030-4585-A**

Amount of Each Disbursement this Period

1754.00

Full Name (Last, First, Middle Initial)

C. LA Unemployment

Mailing Address 1001 North 23rd St, P.O. Box 94094

City Baton Rouge State LA Zip Code 70804

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 11 2014**Transaction ID : D7538E07-9C03-4475-9**

Amount of Each Disbursement this Period

9.78

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1963.28

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. LA Unemployment

Mailing Address 1001 North 23rd St. P.O. Box 94094

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement	Payroll Taxes
-------------------------	---------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : 1AAD9C81-F682-435D-B

Amount of Each Disbursement this Period

83.64

Full Name (Last, First, Middle Initial)

B. LA Unemployment

Mailing Address 1001 North 23rd St, P.O. Box 94094

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement	Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : EBFDC0F2-2C5F-412D-8

Amount of Each Disbursement this Period

92.82

Full Name (Last, First, Middle Initial)

C. LA Unemployment

Mailing Address 1001 North 23rd St. P.O. Box 94094

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement	Payroll Taxes
-------------------------	---------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
09 26 2014

Transaction ID : A4B149A3-07C1-4DC0-8

Amount of Each Disbursement this Period

174.83

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

351.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. LA Unemployment

Mailing Address 1001 North 23rd St, P.O. Box 94094

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2014

Transaction ID : BD5EB8D4-E43B-410C-B

Amount of Each Disbursement this Period

90.68

Full Name (Last, First, Middle Initial)

B. NC Unemployment

Mailing Address 1101 Mail Service Center

City	State	Zip Code
Raleigh	NC	27699

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : 6A3EA759-F7C9-46C1-A

Amount of Each Disbursement this Period

5.79

Full Name (Last, First, Middle Initial)

C. NC Unemployment

Mailing Address 1101 Mail Service Center

City	State	Zip Code
Raleigh	NC	27699

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : 7F25E09D-D7C4-4254-B

Amount of Each Disbursement this Period

148.04

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

244.51

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Category/
Type

153.52

09 / 06 / 2014

Category/
Type

1000.00

Category/
Type

254.03

1407.55

1407.55

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 70 OF 2127

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Southeastern Louisiana University

Mailing Address 1350 N. General Pershing

City
HammondState
LAZip Code
70401Purpose of Disbursement
Job Fair Booth

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2014

Transaction ID : B2065D93-E07D-4975-9

Amount of Each Disbursement this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

166916.70

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 71 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 250 JS Brewton rd			Amount 40.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : d11d56d5-a24a-4da4-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 250 JS Brewton rd			Amount 3.90	
City goldonna	State LA	Zip Code 71031	Transaction ID : 1b5579d0-53f1-44ce-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			43.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 72 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee Brenda L Dawson		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 01 2014 </div> </div>	
Mailing Address 6021 General Samuel Rd		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 25.00 </div> </div>	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : c9cb8eba-0947-4c64-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 01 2014 </div> </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 292434.22 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Brenda L Dawson		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 01 2014 </div> </div>	
Mailing Address 6021 General Samuel Rd		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 5.40 </div> </div>	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 0a1a1c6c-e6cd-49b1-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 01 2014 </div> </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 292434.22 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 30.40 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01
30
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 73 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 40.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 148773a7-f41e-4164-b Date of Disbursement or Obligation 09 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 9.60		
City Charlotte	State NC	Zip Code 23215	Transaction ID : b0f095ac-d3f7-4389-9 Date of Disbursement or Obligation 09 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>	
Mailing Address 404 Chancery Park Ct		Amount <div> <div>9.00</div> </div>	
City Kernersville	State NC	Zip Code 27284	Transaction ID : be799938-ea15-4e6d-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>39.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Christine B Long		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>	
Mailing Address 3121 Charleycote Dr		Amount <div> <div>MM / DD / YYYY</div> <div>8.91</div> </div>	
City Raleigh	State NC	Zip Code 27614	Transaction ID : 3970549c-6969-405d-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type	<div> <div>MM / DD / YYYY</div> <div>002</div> </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.91
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 76 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 907 Randall Drive			Amount 30.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : c8e0cd02-1328-4993-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 907 Randall Drive			Amount 21.60		
City Searcy	State AR	Zip Code 72149	Transaction ID : a7c87f74-eddc-4026-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 77 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>	
Mailing Address 282 Falls Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 50.00 </div>	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 8e5d3fbf-5bd0-4b5d-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1095959.94 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>	
Mailing Address 282 Falls Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 57.90 </div>	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : cc15895c-a26f-4a78-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1095959.94 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">107.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2015

Signature

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 40.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 46644452-98c3-41ac-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital display units are shown, each with a 7-segment display. The first unit shows '01' with 'M' indicators above the segments. The second unit shows '30' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. They are separated by slashes.

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 79 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 18.90	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 146025fe-713f-4aa3-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 44 Bell St		Amount 40.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 75428c9b-24d7-43be-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		58.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 80 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>		
Mailing Address 44 Bell St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.90</div>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 5d7c9737-817a-4756-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>		
Mailing Address 44 Bell Street Ext			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 5d1ae91e-2fa7-4b89-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">58.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Cari A Stevenson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 12312 Summer Cemetary Rd		Amount 20.00	
City Cabot	State AR	Zip Code 72023	Transaction ID : a80856f5-ef41-4fa5-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 82 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cari A Stevenson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Mailing Address 12312 Summer Cemetary Rd		Amount 3.60	
City Cabot	State AR	Zip Code 72023	Transaction ID : d843bb33-0ce4-48b5-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 60.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 2d2bf9ac-5730-44f4-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 101 Asbury Ct			Amount 100.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 9bd1ce7d-b66a-47ef-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Lindsey N Rose		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 615 Live Oak Dr		Amount 40.00	
City searcy	State AR	Zip Code 72143	Transaction ID : db81bdeb-7c3a-43e9-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 84 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 8bdf1b86-2595-40ac-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 6.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : f3942306-a159-4d10-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 85 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination 09 / 01 / 2014	
Mailing Address 4967 Dysartville			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : ba50b651-9045-4199-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lisa Miller			Date of Public Distribution/Dissemination 09 / 01 / 2014	
Mailing Address 718 Azalea Dr. Unit 453			Amount 43.00	
City Hampstead	State NC	Zip Code 28443	Transaction ID : 830de004-2013-4064-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			123.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 86 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lisa Miller		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014		
Mailing Address 718 Azalea Dr. Unit 453		Amount 3.72		
City Hampstead	State NC	Zip Code 28443	Transaction ID : d3c31e1a-9a7b-4573-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014		
Mailing Address 6101 NORA ST		Amount 40.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 7cb92bc0-e5b3-4d90-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		43.72		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 87 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 01 / 2014		
Mailing Address 6101 NORA ST			Amount 1.50		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : cac4ec4f-c12c-48da-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 01 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 01 / 2014		
Mailing Address 301 N Clinic Apt 3			Amount 40.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : feaa7810-61a8-42ee-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYYYY 01 / 30 / 2015	

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 110 W Pecan St			Amount 50.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e0588d1b-cede-4f74-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	71.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 110 W Pecan St			Amount 30.60		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : daff76ae-8d4e-4f0c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : b105c5d6-4fae-4339-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 90 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 1434 South Avenue			Amount 14.10		
City Eden		State NC	Zip Code 27288		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 81f24a3f-d476-4df9-8 Date of Disbursement or Obligation 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount 35.00		
City Little Rock		State AR	Zip Code 72212		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : e0a4d7f2-5616-4a9e-9 Date of Disbursement or Obligation 09 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 91 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 3113 Imperial Valley Dr.		Amount 13.50
City Little Rock	State AR	Zip Code 72212
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 8e8eebd5-13b1-444c-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014
Mailing Address 10112 Piney Creek Ct		Amount 70.00
City Charolette	State NC	Zip Code 28215
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 01f3bdde-9080-4e3d-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 50.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : fa269e74-29c4-4888-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Melissa A Calvert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 20116 Medus St		Amount 22.50	
City Covington	State LA	Zip Code 70435	Transaction ID : 847b43e8-f584-47a7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 94 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 44 Bell Street Ext		Amount 40.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : be4870fc-feb1-44c5-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 44 Bell Street Ext		Amount 18.90	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 355ce5d4-f253-4a20-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 95 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 6412 Osage Dr			Amount 55.00		
City North Little rock		State AR	Zip Code 72116		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : b89912b2-5ac3-495c-a Date of Disbursement or Obligation 09 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 6412 Osage Dr			Amount 9.54		
City North Little rock		State AR	Zip Code 72116		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 01757021-2a67-499c-b Date of Disbursement or Obligation 09 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.54		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 96 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 50.00		
City Mandeville		State LA	Zip Code 70471		Transaction ID : b9c7a553-7eda-4e08-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 8.10		
City Mandeville		State LA	Zip Code 70471		Transaction ID : 2fcace83-b698-4697-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 97 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 31c2fcc4-cbca-42e3-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 2506 Bolch Street		Amount 25.20	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e532cb55-5c90-44a2-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 98 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : f84976ca-496a-486c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 205 Medallion Circle			Amount 25.20		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 1ffec95-9e9a-48c5-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 99 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 4902 Catawba Dr			Amount 115.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1e82fee1-a1fe-4348-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 4902 Catawba Dr			Amount 23.40		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 747666d7-48f3-4614-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			138.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 100 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Mailing Address 1025 Cayley Ct		Amount 115.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 35a2b9e5-d86c-41a8-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014	
Mailing Address 1025 Cayley Ct		Amount 21.90	
City High Point	State NC	Zip Code 27260	Transaction ID : e9dea767-41e6-4de1-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		136.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 101 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>	
Mailing Address 1103 West Wilson Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 65.00 </div>	
City State Zip Code Ville Platte LA 70586	Transaction ID : 7d0f0334-1640-4efc-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>		
Purpose of Expenditure Salary	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 001 </div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 554635.78 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>	
Mailing Address 1103 West Wilson Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 28.20 </div>	
City State Zip Code Ville Platte LA 70586	Transaction ID : 59baf538-b25e-4a56-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2014 </div>		
Purpose of Expenditure Mileage	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 002 </div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 554635.78 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 93.20 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 93.20 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 102 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 1025 Cayley Ct			Amount 40.00		
City State Zip Code High Point NC 27260		Transaction ID : 3d6756e0-11fd-41db-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 1025 Cayley Ct			Amount 14.10		
City State Zip Code High Point NC 27260		Transaction ID : 7de372ae-e33b-4e82-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 220 Doucet Rd		Amount 0.90	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 5de3dcbe-8413-49ab-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 104 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 543 S 2nd St			Amount 60.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 3ea22ae6-5893-4d5f-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 543 S 2nd St			Amount 8.10	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 6b6f5814-2763-4941-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 50.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 29a58754-84fb-419a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 106 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 32.28		
City Elgin	State SC	Zip Code 29045	Transaction ID : 94567ecd-fd3d-441e-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 18065 Wayne Rd			Amount 50.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : e372d0b4-4422-474c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.28		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Holly M Tippet		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>	
Mailing Address 595 Saint Gabrielle Dr		Amount <div> <div>Amount</div> <div>20.00</div> </div>	
City Florissant	State MO	Zip Code 63033	Transaction ID : 6f3b9a0e-a457-4d9f-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>292434.22</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">100.00</div> <div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 108 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Holly M Tippet			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 595 Saint Gabrielle Dr			Amount 19.71		
City Florissant	State MO	Zip Code 63033	Transaction ID : d6ac55e9-6c21-412b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 79.00		
City Conway	State AR	Zip Code 72032	Transaction ID : b6bf611f-d2b2-47f4-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.71		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 109 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 19.20	
City Conway	State AR	Zip Code 72032	Transaction ID : 34532447-9e03-41ab-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Rebecca A Calvert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 20116 Medus St		Amount 22.50	
City Covington	State LA	Zip Code 70435	Transaction ID : a94946c4-7223-4c0d-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		41.70	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Conway	State AR	Zip Code 72032	Transaction ID : ad64931f-619c-4378-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Amount</div> <div>292434.22</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.22
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 111 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 20.40	
City Conway	State AR	Zip Code 72032	Transaction ID : 4d839bd9-2543-42f0-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1410 Bushville drive		Amount 80.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 340dc62f-7a00-499c-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 112 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 1410 Bushville drive			Amount 60.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 6c983e1f-e53b-4778-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014		
Mailing Address 1410 Bushville Dr			Amount 90.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 3fd6ad74-0997-4cc5-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 113 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 1410 Bushville Dr			Amount 16.20		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 1f0ec169-7889-4016-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 100 Asbury Ct			Amount 50.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : c15a85a1-f386-4b49-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 114 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014		
Mailing Address 100 Asbury Ct		Amount 50.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 898bee5b-1f7b-4613-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 40.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 6eb2558f-536f-45de-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 01ceebcd-073a-4a99-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: 0; top: -10px; font-size: 10px;">120.00</div> </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: 0; top: -10px; font-size: 10px;"></div> </div> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: 0; top: -10px; font-size: 10px;"></div> </div> </div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 116 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 02 2014 </div> </div>	
Mailing Address 4967 Dysartsville Rd		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 80.00 </div> </div>	
City Morganton	State NC	Zip Code 28655	Transaction ID : 73692dc8-2f72-4fb5-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 02 2014 </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 02 2014 </div> </div>	
Mailing Address 4967 Dysartsville Rd		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 6.00 </div> </div>	
City Morganton	State NC	Zip Code 28655	Transaction ID : bc6bac1f-48e2-4977-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 02 2014 </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 86.00 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01
30
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 117 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Facebook			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 1601 S California Ave			Amount 209.44		
City Palo Alto		State CA	Zip Code 94304		Transaction ID : 558a13c1-ab54-4464-8
Purpose of Expenditure Ads		Category/ Type 004		Date of Disbursement or Obligation 09 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 44 Bell St			Amount 40.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 4f79d39f-85f6-4ccf-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			249.44		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 118 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 44 Bell St			Amount 16.50		
City Spruce Pine		State NC	Zip Code 28777		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 6fb3a635-a821-4826-9 Date of Disbursement or Obligation 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 44 Bell Street Ext			Amount 40.00		
City Spruce Pine		State NC	Zip Code 28777		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : ec233c86-8d7a-4a0f-a Date of Disbursement or Obligation 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 119 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 44 Bell Street Ext			Amount 16.50		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 23e9d174-014f-4546-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 09 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Aaron L Griffin			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 4830 Westin Park Drive			Amount 40.00		
City Conway	State AR	Zip Code 72034	Transaction ID : f9f8acf9-b01a-4487-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 09 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Facebook Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address P.O Box 10005 Department 415		Amount 450.00	
City Palo Alto	State CA	Zip Code 94303	Transaction ID : 5e7c349c-7ccc-410e-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Facebook Advertising		Category/ Type 004	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	452.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee LR3 Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 2133 Silverside Dr Ste A		Amount 50.00	
City Baton Rouge	State LA	Zip Code 70809	Transaction ID : 8135b9c0-daad-47ab-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Facebook Advertising Management		Category/ Type 004	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 55.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : e9cf0d03-a9bd-47b0-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>105.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 122 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 8.19		
City New Bern	State NC	Zip Code 28560	Transaction ID : 1e11bcfc-99d6-41f7-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination 09 / 01 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 45.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 0bc4ca71-5033-4046-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.19		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 21.72	
City	State	Zip Code	Transaction ID : 6f2c1ed0-0c94-468e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		292434.22	

Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 12.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 63448faa-996e-4b26-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.72
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 124 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 2.22		
City Conway		State AR	Zip Code 72034		Transaction ID : 95b4ab05-11e5-4b06-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014		
Mailing Address 307 Farris Rd Apt 1			Amount 30.00		
City Conway		State AR	Zip Code 72034		Transaction ID : a66f9521-0156-4a1c-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.22		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 125 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination 09 / 02 / 2014	
Mailing Address 345 Auroura Ave			Amount 45.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : e4d79ea7-f4c2-4eb5-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination 09 / 02 / 2014	
Mailing Address 345 Auroura Ave			Amount 3.66	
City Metairie	State LA	Zip Code 70006	Transaction ID : d48cf8bc-c517-4b71-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			48.66	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 4.50	
City Conway	State AR	Zip Code 72034	Transaction ID : 2e0dc80a-e3d5-4430-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 924 N. Prieur St		Amount 85.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 5cb038b1-754c-4574-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 128 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 924 N. Prieur St		Amount 13.50		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 07091d74-0f13-49b7-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 924 N. Prieur St		Amount 13.50		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 15f0011d-e5d9-443e-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		27.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 129 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 8822 Apple St			Amount 99 45.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 0f16b0ee-f269-423f-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		99 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 106 Hillside St			Amount 99 90.00	
City Spindale	State NC	Zip Code 28160	Transaction ID : f5efed60-d8f4-46dc-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		99 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99 135.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99	
(c) TOTAL Independent Expenditures..... ▶			99	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 130 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 106 Hillside St		Amount 34.05	
City Spindale	State NC	Zip Code 28160	Transaction ID : 0479bdde-eda1-4af2-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 50.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 4ec43cb3-0b63-47a4-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	84.05
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 131 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 1001cc08-7b34-45b5-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1434 South Avenue		Amount 13.50	
City Eden	State NC	Zip Code 27288	Transaction ID : 0979f84e-6886-4795-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	113.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 132 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 15.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : fc7d7c7f-e26e-415c-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 9.60		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 27db212b-a7aa-457a-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 133 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 40.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 6895bfd3-8e39-4d1d-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 9.90	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 530102e6-0a87-4308-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 134 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 1804 Auburn Ave			Amount 15.00		
City Metaire	State LA	Zip Code 70003	Transaction ID : 48887f1f-7933-4ea7-b Date of Disbursement or Obligation 09 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 1804 Auburn Ave			Amount 1.20		
City Metaire	State LA	Zip Code 70003	Transaction ID : 75f15bf6-c8d7-40a9-b Date of Disbursement or Obligation 09 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 135 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Carol L Snow		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 6281 Jenkins rd		Amount 30.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : b04937ea-9b6c-4250-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carol L Snow		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 6281 Jenkins rd		Amount 10.20	
City Morganton	State NC	Zip Code 28655	Transaction ID : a0e3cbd1-8af0-4ea5-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 136 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address Split Oak Drive			Amount 57.50		
City charlotte		State NC	Zip Code 28227		Transaction ID : 97dd3405-ea77-498d-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address Split Oak Drive			Amount 23.61		
City charlotte		State NC	Zip Code 28227		Transaction ID : 2d546e13-38d6-4c8d-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.11		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 137 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 09 / 02 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 35.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : a06331ea-ef1e-4bcf-a Date of Disbursement or Obligation 09 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 09 / 02 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 7.50	
City Kernersville	State NC	Zip Code 27284	Transaction ID : f4a8bb7a-9278-45d8-9 Date of Disbursement or Obligation 09 / 02 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			42.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

Full Name of Payee Dwayne C Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 900 Bramblegate Rd		Amount 6.15	
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 45b7fce5-f51c-4d75-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.15
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 139 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 09 / 02 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 45.00	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : bb135ce8-4cde-44d7-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 09 / 02 / 2014	
Mailing Address 506 N Horton Street			Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 3a446690-5180-4e2a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			135.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 140 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 506 N Horton Street		Amount 61.80	
City Searcy	State AR	Zip Code 72143	Transaction ID : 2d189b3e-4054-486b-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 506 N Horton Street		Amount 50.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 120a551a-2bc1-48f8-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		111.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 141 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>		
Mailing Address 506 N Horton Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26.10</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : dc5053b6-5c59-4920-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>		
Mailing Address 6544 Arno College Grove Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City College Grove		State TN	Zip Code 37046		Transaction ID : 6800ac25-e037-44d7-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">76.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 142 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Nathan S Shaw		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 5726 NC Hwy 66 S		Amount 20.00		
City King	State NC	Zip Code 27021	Transaction ID : 6fbe787a-7b6b-4a2a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Nathan S Shaw		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 5726 NC Hwy 66 S		Amount 9.30		
City King	State NC	Zip Code 27021	Transaction ID : bccc628e-0dae-4e3c-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		29.30		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 143 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 02 / 2014</div> </div>		
Mailing Address 6412 Osage Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 65bf32ea-07d2-4f7d-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 02 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 02 / 2014</div> </div>		
Mailing Address 6412 Osage Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5.64</div>		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 2fce38f6-2e2b-48b1-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 02 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">40.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 144 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 2565 Shire Circle			Amount 20.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 56044bd7-0ac3-48a4-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 09 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 80.00		
City Charolette	State NC	Zip Code 28215	Transaction ID : d36bf43f-8a90-442d-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 09 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 145 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination MM / MM / YYYY 09 / 02 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 22.50		
City Charolette	State NC	Zip Code 28215	Transaction ID : eceae17a-5fc9-4870-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / MM / YYYY 09 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / MM / YYYY 09 / 02 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 90.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : fe416c49-ab06-4b23-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / MM / YYYY 09 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			112.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / MM / YYYY 01 / 30 / 2015	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>	
Mailing Address 905 Lake Drive		Amount <div> <div>Amount</div> <div>80.00</div> </div>	
City Shelby	State NC	Zip Code 28152	Transaction ID : 4c9d708f-395c-42c0-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>110.33</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 147 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 905 Lake Drive			Amount 3.60		
City Shelby	State NC	Zip Code 28152	Transaction ID : bc85e8a2-5db5-4df8-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brenda L Dawson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 6021 General Samuel Rd			Amount 16.00		
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 6722adec-e0e7-4468-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 148 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Brenda L Dawson			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 02 / 2014		
Mailing Address 6021 General Samuel Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 5.70		
City Jacksonville		State AR	Zip Code 72076		Transaction ID : 44129890-4275-407b-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 02 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 40.00		
City Conway		State AR	Zip Code 72032		Transaction ID : 3a7d1288-5a3b-4095-8 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 45.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 149 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014			
Mailing Address 1254 Fleming St Apt 6		Amount 12.00			
City Conway	State AR	Zip Code 72032	Transaction ID : fa741927-a650-4ab9-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014			
Mailing Address 1700 E Part Ave		Amount 40.50			
City Searcy	State AR	Zip Code 72149	Transaction ID : 54088026-4e59-4460-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		52.50			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 2506 Bolch Street		Amount 20.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 8b1d61b5-35ea-4101-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		41.42
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 151 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 02 / 2014		
Mailing Address 2506 Bolch Street			Amount 13.80		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 1edc0de5-d3c5-4c28-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 02 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 02 / 2014		
Mailing Address 4691 Hercules Lane			Amount 80.00		
City Woodbridge	State VA	Zip Code 22193	Transaction ID : d1d0de2f-a284-4eff-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 152 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																									
D	D																									
Y	Y	Y	Y	Y	Y																					

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>09</td><td>02</td><td>2014</td></tr> </table>		09	02	2014
09	02	2014				
Mailing Address 205 Medallion Circle		Amount <table border="1" style="display:inline-table"> <tr><td colspan="3">80.00</td></tr> </table>		80.00		
80.00						
City Shreveport	State LA	Zip Code 71119	Transaction ID : ff289c0c-ffd5-49d5-b			
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>09</td><td>02</td><td>2014</td></tr> </table>		09	02	2014
09	02	2014				
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table"> <tr><td colspan="3">554635.78</td></tr> </table>		554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
554635.78						

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>09</td><td>02</td><td>2014</td></tr> </table>		09	02	2014
09	02	2014				
Mailing Address 205 Medallion Circle		Amount <table border="1" style="display:inline-table"> <tr><td colspan="3">58.20</td></tr> </table>		58.20		
58.20						
City Shreveport	State LA	Zip Code 71119	Transaction ID : 56e0a922-9c09-4577-b			
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>09</td><td>02</td><td>2014</td></tr> </table>		09	02	2014
09	02	2014				
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table"> <tr><td colspan="3">554635.78</td></tr> </table>		554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
554635.78						

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td colspan="3">138.20</td></tr> </table>	138.20		
138.20				
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table"> <tr><td colspan="3"></td></tr> </table>			
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td colspan="3"></td></tr> </table>			

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01	30	2015
----	----	------

Signature

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>	
Mailing Address 282 Falls Ave		Amount <div> <div>18.60</div> </div>	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 75113e0d-861c-46a9-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>		
Mailing Address 22369 Ponderosa Dr.			Amount <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>		
City Mandeville	State LA	Zip Code 70471	<div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	<div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought <div> <div>MM / DD / YYYY</div> <div>09 / 02 / 2014</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 155 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 110 W Pecan St			Amount 65.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 190975c5-9660-4245-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 110 W Pecan St			Amount 37.80		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : eb680807-64ed-4f62-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 156 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>		
Mailing Address 101 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">97.50</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 18df6899-477b-40f6-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>		
Mailing Address 9455 Snow Camp Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">70.00</div>		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 92d8b9d1-a0f3-4155-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">167.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 157 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 8.40	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : f9faace3-7772-4863-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 25.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 86d385bf-0364-4d0c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	33.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 158 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 11.40	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 288ff782-ab22-410a-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Mailing Address 1103 West Wilson Street		Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 08d88908-97af-40ad-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 220 Doucet Rd		Amount 20.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 6b54582e-c979-4c03-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 160 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address 220 Doucet Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1.68		
City State Zip Code Lafayette LA 70503		Transaction ID : 80b66598-7cd6-4ac2-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>			
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address 18065 Wayne Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 60.00		
City State Zip Code Odessa FL 33556		Transaction ID : 1fa6dd45-a61c-4aa3-a Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">02</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>			
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 61.68		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 161 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 60.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : f2ffb64f-2f33-4b38-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 33.09	
City Elgin	State SC	Zip Code 29045	Transaction ID : a8fe2c29-df13-4650-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	93.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 162 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tracy M Hargett		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 5133 Lord Bryon Road		Amount 45.00	
City Wilmington	State NC	Zip Code 28405	Transaction ID : 1582fcd5-838f-47ff-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tracy M Hargett		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 5133 Lord Bryon Road		Amount 15.00	
City Wilmington	State NC	Zip Code 28405	Transaction ID : 4d442266-13e5-4cc7-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 18.90	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 48aacc95-ba97-4548-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	108.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 164 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1025 Cayley Ct		Amount 115.00	
City High Point	State NC	Zip Code 27260	Transaction ID : d2eed4d9-9984-42bb-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 1025 Cayley Ct		Amount 22.80	
City High Point	State NC	Zip Code 27260	Transaction ID : c25bf1d1-9d8c-4a45-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	137.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 165 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Mailing Address 111 Westchester Blvd Apt D4		Amount 50.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 07baa40a-e3e9-43df-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Mailing Address 1025 Cayley Ct		Amount 75.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 81aede81-7ac8-4be6-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		125.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 166 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 1025 Cayley Ct			Amount 19.50		
City High Point	State NC	Zip Code 27260	Transaction ID : d9bb385c-0a45-40d9-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 45.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 4be02f5a-50ea-422a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 22.80	
City	State	Zip Code	Transaction ID : f702e931-fbe2-4030-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 70.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 42702bf6-6afb-4ec7-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 60.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : d7ccfd1e-778d-4263-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 169 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 09 / 02 / 2014	
Mailing Address 6101 NORA ST			Amount 55.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 3792fb2e-44bd-4207-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 09 / 02 / 2014	
Mailing Address 6101 NORA ST			Amount 1.80	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 29790f76-79a2-430a-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 170 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014		
Mailing Address 100 Asbury Ct		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 404a6261-66ab-4a81-8	
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014		
Mailing Address 100 ASBURY CT		Amount 70.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 4bf2ebe6-3ae3-4bca-a	
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		01 / 30 / 2015		

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 12e449d5-6447-474d-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 495c21e1-81eb-4cea-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 172 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : da7c4837-8bd7-4865-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>		
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : e0e8662d-cefb-4c6c-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 02 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">160.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 173 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 55.00		
City Conway		State AR	Zip Code 72032		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : af7e9f8d-93ea-4855-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 6.30		
City Conway		State AR	Zip Code 72032		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 6c879f66-9fce-412a-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee James Tatro			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014		
Mailing Address 1208 Braeburn Rd			Amount 4.20		
City Charlotte	State NC	Zip Code 28211	Transaction ID : d155974b-b764-48df-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 175 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 20.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 7f758236-3867-4532-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Carla A Wells		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014	
Mailing Address 2013 Woodwind Way		Amount 60.00	
City Van Buren	State NC	Zip Code 72956	Transaction ID : 8145d619-038e-41eb-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 176 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 915 E Market Ave			Amount 40.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : d756ef80-e327-4a2f-8 Date of Disbursement or Obligation 09 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 915 E Market Ave			Amount 21.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 7cda8f32-2e7a-47e7-8 Date of Disbursement or Obligation 09 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 177 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 27.50		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 01d4fec9-091c-4bd6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 10.74		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 3013e4f1-2c2e-4f62-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.24		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 178 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 3 Girard			Amount 25.00		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 48e8c57c-a35f-4445-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 3 Girard			Amount 6.30		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 7567999f-556b-4af2-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 179 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 2134 Tobaccoville Rd		Amount 27.50		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 84323cb7-a4fa-40ea-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 211 Pearl St		Amount 52.50		
City Drexel	State NC	Zip Code 28619	Transaction ID : 1f59f8d3-e1b2-42e8-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 211 Pearl St		Amount 15.78	
City Drexel	State NC	Zip Code 28619	Transaction ID : 09c40030-6a4f-48c9-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1410 Bushville Dr		Amount 65.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 04f0bedb-2007-411b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.78
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 181 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 1410 Bushville Dr			Amount 11.70		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 02c0592f-7dcd-488f-b Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 307 Farris Rd Apt 1			Amount 35.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 9028cb91-444d-4d3b-b Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 182 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 4.50	
City Conway	State AR	Zip Code 72034	Transaction ID : 41142ca9-be07-45ec-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 35.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 9d222ca4-4238-4bad-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	39.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 183 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 4.50	
City Conway	State AR	Zip Code 72034	Transaction ID : c2d96e10-72d4-4328-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Dwayne C Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 900 Bramblegate Rd		Amount 40.00	
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 8b0053a3-e2a9-4f2c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		44.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 184 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 900 Bramblegate Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">12.60</div>		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : 592c2beb-e918-4ec8-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 5330 Nestleway Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">45.00</div>		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 58a9da86-290e-4342-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">57.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 185 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 4.20		
City Clemmons	State NC	Zip Code 27012	Transaction ID : cef8a6f9-c757-402f-9 Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 35.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : ca10ae69-b3fc-4722-8 Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 186 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 7214 Duchamp Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11.40</div>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 4aa340e4-11d5-4335-8		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 12920 Kneeland Ln			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Neosho	State MO	Zip Code 64850	Transaction ID : 8f293ba8-2f2c-4444-8		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">61.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1410 Bushville drive		Amount 80.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 6520d319-61bc-473d-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>120.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 188 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 1410 Bushville drive			Amount 21.60		
City Lenoir	State NC	Zip Code 28645	Transaction ID : c82e3d75-e58a-494b-a Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 106 Hillside St			Amount 52.50		
City Spindale	State NC	Zip Code 28160	Transaction ID : 3da96a81-a2d0-4121-8 Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 189 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 106 Hillside St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">27.66</div>		
City Spindale		State NC	Zip Code 28160		Transaction ID : f81edb4f-d87a-4a11-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee New Orleans Marriott Metairie at Lakeway			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 3838 N. Causeway Boulevard			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">334.86</div>		
City Metairie		State LA	Zip Code 70002		Transaction ID : 3e8aacfb-553e-4cd3-b
Purpose of Expenditure 3 Hotel Rooms for Metairie Event Guests		Category/Type 004		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">362.52</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 190 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 60.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 2b98c681-e26b-4214-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 2.10	
City Bakersville	State NC	Zip Code 28705	Transaction ID : bd0d60f0-9244-43ca-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 8.58	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 5184a92f-943a-4564-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.58
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 192 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 2730 Dave Ward Dr			Amount 30.00		
City Conway	State AR	Zip Code 72034	Transaction ID : ad183048-90e4-4e8d-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 2730 Dave Ward Dr			Amount 13.50		
City Conway	State AR	Zip Code 72034	Transaction ID : 63d20e56-a037-4f5c-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 03 / 2014</div> </div>	
Mailing Address 3205 Pebble Beach Rd		Amount <div> <div></div> <div>3.48</div> </div>	
City Conway	State AR	Zip Code 72034	Transaction ID : 06828df1-f9cd-46a4-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 03 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>292434.22</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>30.48</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 194 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 40.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : c7d6405e-a140-4a00-9 Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 30.00		
City Conway	State AR	Zip Code 72032	Transaction ID : d5339700-6b6c-4635-a Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 195 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 13.80	
City Conway	State AR	Zip Code 72032	Transaction ID : 0d965d69-f6a6-466f-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Sandra L Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 10.00	
City Conway	State AR	Zip Code 72032	Transaction ID : e95aadd4-c253-4dab-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 196 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 3300 Asher Ave			Amount 40.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 42742724-c3ab-4fea-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 3300 Asher Ave			Amount 18.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : b1f1906c-3aeb-41fd-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 197 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 5.00		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 35151b36-7c95-4341-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 0.90		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 5b98f0eb-6811-4d72-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 198 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Douglas A Nystrom		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>	
Mailing Address 2000 W University St		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15.00</div>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 1247385a-934e-4eb6-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Donald Dessauer		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>	
Mailing Address 1804 Auburn Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div>	
City Metairie	State LA	Zip Code 70003	Transaction ID : 78eac839-1ada-48db-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 199 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 1804 Auburn Ave			Amount 1.20		
City Metairie	State LA	Zip Code 70003	Transaction ID : 158aa11e-c7d7-4c5e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Trent Minner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 2000 W University St			Amount 15.00		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : beb42e17-d65f-477d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 200 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Trent Minner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 2000 W University St		Amount 4.80	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : fea09fff-feb1-4cd7-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 112 apache Dr		Amount 40.00	
City Search	State AR	Zip Code 72149	Transaction ID : 8a953790-e895-4c84-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		44.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Christine B Long		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 3121 Charleycote Dr		Amount 10.00	
City Raleigh	State NC	Zip Code 27614	Transaction ID : bd94ed47-2fa8-40f5-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>30.25</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 202 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christine B Long			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 3121 Charleycote Dr			Amount 9.54		
City Raleigh	State NC	Zip Code 27614	Transaction ID : 27fa6223-eda4-438b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 907 Randall Drive			Amount 30.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 98d73220-f3ea-4b5c-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.54		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 45.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : a46dc99f-5e22-4f6c-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		67.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 204 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lindsey N Rose		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 615 Live Oak Dr		Amount 40.00	
City searcy	State AR	Zip Code 72143	Transaction ID : 922087c2-4d54-46be-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lindsey N Rose		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 615 Live Oak Dr		Amount 28.89	
City searcy	State AR	Zip Code 72143	Transaction ID : a437dce6-c005-4c34-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68.89
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 205 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 2565 Shire Circle			Amount 25.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 129da799-32bb-42f1-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 80.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 668b89e6-0b42-4aed-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			105.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 206 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 03 / 2014</div>		
Mailing Address 2090 Fancy Gap Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">34.44</div>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 49c69b88-1a11-4c62-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 03 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 03 / 2014</div>		
Mailing Address 2357 Fancy Cap Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">80.00</div>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 11904baf-4b8b-4f56-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 03 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">114.44</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 30 / 2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 207 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 03 / 2014 </div>	
Mailing Address 2357 Fancy Cap Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 34.44 </div>	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 4181eed1-71d3-4bdf-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 03 / 2014 </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 002 </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1095959.94 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 03 / 2014 </div>	
Mailing Address 1434 South Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 100.00 </div>	
City Eden	State NC	Zip Code 27288	Transaction ID : ea5ffa28-6fd2-4f58-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 03 / 2014 </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 001 </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1095959.94 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 134.44 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 134.44 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 208 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 1434 South Avenue			Amount 15.60		
City Eden	State NC	Zip Code 27288	Transaction ID : a70d6a9a-b4a4-4be6-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 1410 Bushville Dr			Amount 30.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 6e072b32-248d-4a8e-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			45.60		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 209 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1410 Bushville Dr			Amount 14.40	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ca653dc6-9734-46e8-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 103 Washington Ave			Amount 23.00	
City Newport	State NC	Zip Code 28570	Transaction ID : 03831c33-79a8-4958-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			37.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 210 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 103 Washington Ave			Amount 12.66		
City Newport	State NC	Zip Code 28570	Transaction ID : d7ea5888-eaa8-4e2b-a Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 50.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 11c40ac7-420f-4832-a Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.66		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 211 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.90</div>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : f8dcc859-ef6d-4315-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address Split Oak Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">57.50</div>		
City charlotte		State NC	Zip Code 28227		Transaction ID : 4fbf0439-23c7-47cb-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">64.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 212 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address Split Oak Drive			Amount 23.10		
City charlotte	State NC	Zip Code 28227	Transaction ID : eb664547-7ff7-4660-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 924 N. Prieur St			Amount 80.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : eeac62b5-d47e-400e-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 213 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 924 N. Prieur St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.00</div>		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 4dada5e7-c76b-442e-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 101 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">102.50</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : b921a7e8-0208-4515-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">114.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 214 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 110 W Pecan St		Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 21edf2a1-09f0-4521-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 110 W Pecan St		Amount 39.60	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : edf40182-5750-4166-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		99.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 03 / 2014</div> </div>	
Mailing Address 10112 Piney Creek Ct		Amount <div> <div>_____</div> <div>70.00</div> </div>	
City Charolette	State NC	Zip Code 28215	Transaction ID : e16e1413-ea52-4425-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 03 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div>_____</div> <div>001</div> </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>_____</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>130.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 216 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 10112 Piney Creek Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">24.60</div>		
City Charolette	State NC	Zip Code 28215	Transaction ID : a273a520-a14a-4aaa-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Mailing Address 407 randall Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">50.00</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 00210f96-4adb-4028-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 03 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">74.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>	
Signature _____					

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 220 Doucet Rd		Amount 15.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 70006172-15f7-4250-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 220 Doucet Rd			Amount 1.23		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 40a1dc1e-15ff-4d18-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 76fdd9ce-3c5f-4906-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.23
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 219 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 09 / 03 / 2014	
Mailing Address 205 Medallion Circle			Amount 32.40	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 2aa9fb88-5f4d-4b97-9 Date of Disbursement or Obligation 09 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 09 / 03 / 2014	
Mailing Address 2506 Bolch Street			Amount 40.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 91742ea4-bee1-40f5-8 Date of Disbursement or Obligation 09 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 220 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014 </div>	
Mailing Address 2506 Bolch Street		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 16.20 </div>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5c4659f5-d12e-4a55-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014 </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 554635.78 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014 </div>	
Mailing Address 3113 Imperial Valley Dr.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 20.00 </div>	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 486ed0f9-1b34-462c-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014 </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 292434.22 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 36.20 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 36.20 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 221 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>	
Mailing Address 3113 Imperial Valley Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.50</div>	
City Little Rock	State AR	Zip Code 72212	Transaction ID : cfbafb6b-e0de-43f1-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>	
Mailing Address 6412 Osage Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>	
City North Little rock	State AR	Zip Code 72116	Transaction ID : a6012a1f-c6a4-449c-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 03 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">55.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 222 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 6412 Osage Dr		Amount 12.03	
City North Little rock	State AR	Zip Code 72116	Transaction ID : a808bd54-ce8b-4bfe-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 300 Evangeline St		Amount 55.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 2abdbc4c-252d-47d9-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		67.03	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 03 / 2014</div> </div>	
Mailing Address 300 Evangeline St		Amount <div> <div>MM / DD / YYYY</div> <div>18.00</div> </div>	
City Monroe	State LA	Zip Code 71201	Transaction ID : 0ce314ec-7ce5-4cc2-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 03 / 2014</div> </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div> <div>MM / DD / YYYY</div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1700 E Part Ave		Amount 42.50	
City	State	Zip Code	Transaction ID : de319cd3-1ab6-42d8-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '01' with 'M' indicators above the segments. The second unit shows '30' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. The units are separated by slashes.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 224 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1700 E Part Ave		Amount 34.14	
City Searcy	State AR	Zip Code 72149	Transaction ID : e0b11f60-5153-49f2-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Morgan E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 900 Bramblegate Rd		Amount 20.00	
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 95fbf69e-e3e4-4812-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		54.14	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 225 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Morgan E Smith			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 900 Bramblegate Rd			Amount 2.40		
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 7141b3ec-9717-4943-9 Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 2936 Brushwood Ave			Amount 30.00		
City Springdale	State AR	Zip Code 72764	Transaction ID : 4ea0a5a3-5535-4c78-b Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 226 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 03 / 2014		
Mailing Address 2936 Brushwood Ave			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3.00		
City Springdale	State AR	Zip Code 72764	Transaction ID : e2cc8bf1-abf4-4740-a Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 03 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 40.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 8f9f8e37-d4b1-4693-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 43.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 227 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 7.20		
City Mandeville	State LA	Zip Code 70471	Transaction ID : a220eb5e-8506-442b-b Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 1900 Glen West Way			Amount 30.00		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : dd56e78f-7e62-4c34-8 Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 228 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014	
Mailing Address 1900 Glen West Way		Amount 2.40	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 322a1c87-c51b-4f3f-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014	
Mailing Address 6101 NORA ST		Amount 45.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 6344e5e4-b7ef-4c86-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		47.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 229 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 6101 NORA ST			Amount 1.20		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 8b5acbe3-54c8-44e4-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address P.O. Box 712			Amount 55.00		
City Alexander	State AR	Zip Code 72002	Transaction ID : 14bca2b5-f0ac-4f02-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			56.20		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 230 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address P.O. Box 712			Amount 12.60		
City Alexander	State AR	Zip Code 72002	Transaction ID : 4f9856bd-e5d7-410a-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 35.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : cba06d03-6b5a-48e5-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 231 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Stephanie L Heun		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101		Amount 30.00		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 3c3c32b7-5d2e-4e90-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 308 West Main Street		Amount 115.00		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 7d007ca5-87aa-4c2a-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		145.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 03 / 2014</div> </div>	
Mailing Address 308 West Main Street		Amount <div> <div></div> <div>31.26</div> </div>	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 25d2ad77-36a5-4dd6-8
Purpose of Expenditure Mileage	Category/ Type	<div> <div>MM / DD / YYYY</div> <div>09 / 03 / 2014</div> </div>	Date of Disbursement or Obligation
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 308 West Main Street		Amount 112.50	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 8316d8aa-d024-449a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	143.76
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 233 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>					
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 35.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 6025b370-947e-424b-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 22.20		
City Searcy	State AR	Zip Code 72143	Transaction ID : 17f17de0-4f69-4dad-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 234 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 3007 Darden Rd			Amount 75.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9391bc8b-2249-4ae1-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 3007 Darden Rd			Amount 26.10		
City Greensboro	State NC	Zip Code 27407	Transaction ID : a728d1e5-24f9-4009-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature _____					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 235 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : df13a742-65da-4387-8 Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 50.00		
City Elgin	State SC	Zip Code 29045	Transaction ID : fbf683d5-af46-486e-8 Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 37.29	
City Elgin	State SC	Zip Code 29045	Transaction ID : 913afb97-3d70-4c1b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 18065 Wayne Rd		Amount 50.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 8b8808c5-d88e-47fe-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.29
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 1025 Cayley Ct			Amount 110.00		
City High Point	State NC	Zip Code 27260	Transaction ID : 482369ca-a3c5-4b99-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1025 Cayley Ct		Amount 21.90	
City High Point	State NC	Zip Code 27260	Transaction ID : 75fc44c1-650e-40e3-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	131.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 238 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 65.00	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 96e97408-ead3-45b4-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 29.40	
City Greensboro	State NC	Zip Code 27410	Transaction ID : c5bfb2bc-abdd-4c1f-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	94.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 1025 Cayley Ct		Amount 23.10	
City High Point	State NC	Zip Code 27260	Transaction ID : 5cad9433-2276-4dba-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	138.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 240 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 100 Asbury Ct		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 0ffdd469-5cd0-4d91-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 100 Asbury Ct		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : d6294d8f-f1f0-4183-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 241 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : b135e5e4-dfc0-4b79-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 4eb7c1a1-2fa7-4204-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		160.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 242 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 100 ASBURY CT			Amount 70.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 42339fb0-96fc-45ee-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : b051312c-1bfe-4725-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 243 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 4691 Hercules Lane			Amount 80.00		
City Woodbridge		State VA	Zip Code 22193		Transaction ID : 0d40092f-d4d5-4184-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Facebook Inc			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address P.O Box 10005 Department 415			Amount 100.00		
City Palo Alto		State CA	Zip Code 94303		Transaction ID : 4afa359c-9d0c-4b65-9
Purpose of Expenditure Facebook Advertising		Category/Type 004		Date of Disbursement or Obligation 09 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			180.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 244 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 905 Lake Drive			Amount 48.00		
City Shelby	State NC	Zip Code 28152	Transaction ID : 8074a3bc-50b3-4eb9-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 905 Lake Drive			Amount 4.50		
City Shelby	State NC	Zip Code 28152	Transaction ID : b5ebf5b1-c8b4-46b7-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 245 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 65.00		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : e0eb58f5-b586-4106-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 7.20		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : dd90fb2b-f93e-414a-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 7151 Mullins Drive		Amount 90.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 9588acb7-f40c-4b27-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 7151 Mullins Drive		Amount 42.90	
City Saltville	State VA	Zip Code 24370	Transaction ID : fe585ed6-fa85-4cdc-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	132.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 247 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 65.00	
City Conway	State AR	Zip Code 72032	Transaction ID : f631dd72-6585-4fe2-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 9.00	
City Conway	State AR	Zip Code 72032	Transaction ID : e38daed2-ff3b-4f91-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	74.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 248 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 345 Auroura Ave			Amount 00000000 30.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : 10178e6a-cfdf-4a87-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 00000000 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 00000000 80.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 0f0dc811-7138-433e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 00000000 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			00000000 110.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			00000000	
(c) TOTAL Independent Expenditures.....▶			00000000	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 249 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014
Mailing Address 3110 Brentwood Rd		Amount 26.40
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : a9ae56ea-8a1f-43f4-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014
Mailing Address 4967 Dysartville		Amount 80.00
City Morganton	State NC	Zip Code 28655
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 52b37db4-0f3e-404e-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	106.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 250 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 04 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 72874ab7-e963-46c7-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 04 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 9.60	
City Morganton	State NC	Zip Code 28655	Transaction ID : 8a8b974b-2a3d-4f2d-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			89.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 205 Medallion Circle		Amount 30.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 8f6d3022-a40f-4802-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 205 Medallion Circle		Amount 18.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 7bbe4058-20f6-425b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px; text-align: right;">48.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 5.40	
City Conway	State AR	Zip Code 72034	Transaction ID : 53501a7e-1009-45e0-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>45.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 04 / 2014</div> </div>	
Mailing Address 1410 Bushville Dr		Amount <div> <div>MM / DD / YYYY</div> <div>8.70</div> </div>	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 5432b5a9-1ebe-4bf6-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 04 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 211 Pearl St		Amount 16.44	
City Drexel	State NC	Zip Code 28619	Transaction ID : c455da18-1b3c-40a4-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 255 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 40.00		
City Greensboro	State NC	Zip Code 27410	Transaction ID : 4b3dbb08-f781-4568-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 24.30		
City Greensboro	State NC	Zip Code 27410	Transaction ID : 34ecce6c-ccf4-4a79-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 256 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 12920 Kneeland Ln		Amount 50.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : b6f39331-aa5b-4bc6-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 12920 Kneeland Ln		Amount 38.10		
City Neosho	State MO	Zip Code 64850	Transaction ID : d977a675-e2d4-41bb-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		88.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 257 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 45.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 2e3ab71a-0f17-43d1-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 9.90	
City Charlotte	State NC	Zip Code 23215	Transaction ID : ccc99254-bdaf-4d77-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 3 Girard		Amount 6.90	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : a5eb249a-b965-46c1-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		46.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 259 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Aaron L Griffin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 4830 Westin Park Drive			Amount 20.00		
City Conway		State AR	Zip Code 72034		Transaction ID : 507cf0e8-c4d1-40f8-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Aaron L Griffin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 4830 Westin Park Drive			Amount 1.20		
City Conway		State AR	Zip Code 72034		Transaction ID : aa95e1b3-0a5f-4071-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Tymer D Crawley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 6 Sherwood Dr		Amount 1.20	
City Conway	State AR	Zip Code 72034	Transaction ID : 81d0df24-5864-41f1-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 261 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 25.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : c517f382-dc2f-4f74-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 4.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 0187b9fd-8468-41d3-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 262 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 11.20	
City Conway	State AR	Zip Code 72034	Transaction ID : cfe4bb22-4b05-4c99-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 3.18	
City Conway	State AR	Zip Code 72034	Transaction ID : 6bd81b3e-edd5-4c39-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		14.38	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 1434 South Avenue			Amount 13.50		
City Eden	State NC	Zip Code 27288	Transaction ID : 913abf5f-dcaf-47e5-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 264 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 345 Auroura Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">50.00</div>		
City State Zip Code Metairie LA 70006		Transaction ID : f71a7091-c905-41f8-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>			
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 345 Auroura Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5.52</div>		
City State Zip Code Metairie LA 70006		Transaction ID : 858a698f-d0d1-4b92-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>			
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">55.52</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div></div><div style="width: 20%;"></div></div>					

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 101 Asbury Ct		Amount 35.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : f8a3106e-296e-4ebd-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 266 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 160 #50 Pompano Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">45.00</div>		
City New Bern		State NC	Zip Code 28560		Transaction ID : 0422aa68-3380-4d3a-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 160 #50 Pompano Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">7.35</div>		
City New Bern		State NC	Zip Code 28560		Transaction ID : 4acf2e95-5ab5-480b-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">52.35</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 267 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 102 French Street #3			Amount 5.00		
City New Orleans		State LA	Zip Code 70124		Transaction ID : 93752d58-f1ec-4aa5-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 102 French Street #3			Amount 0.15		
City New Orleans		State LA	Zip Code 70124		Transaction ID : 96929c48-389a-4fcc-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5.15		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 268 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 10.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 858c9e02-88c3-497d-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 6.30		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b3c13d0f-91a5-42b7-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 269 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 20.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 0ee41582-4d6f-41e2-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 4.14	
City Raleigh	State NC	Zip Code 27606	Transaction ID : d3462fb2-f2b5-4c1b-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		24.14	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 270 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 905 Lake Drive			Amount 70.00		
City Shelby	State NC	Zip Code 28152	Transaction ID : c3ad69ea-f028-46a6-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 905 Lake Drive			Amount 35.40		
City Shelby	State NC	Zip Code 28152	Transaction ID : ac306475-b05f-4923-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 271 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address 8822 Apple St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">60.00</div>		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 258a07ac-2482-4fb9-a Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <div style="border-bottom: 1px solid black; width: 40px;">00</div> State: <div style="border-bottom: 1px solid black; width: 40px;">LA</div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address 543 S 2nd St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">60.00</div>		
City Bellaire		State NC	Zip Code 77401		Transaction ID : 47273fb6-1227-4db4-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">04</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <div style="border-bottom: 1px solid black; width: 40px;">00</div> State: <div style="border-bottom: 1px solid black; width: 40px;">LA</div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">120.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <div style="border-bottom: 1px solid black; width: 100%;"></div> <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div></div><div style="width: 20%;"></div></div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 272 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 543 S 2nd St			Amount 9.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 79b71d32-d79f-4368-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 924 N. Prieur St			Amount 85.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 02617881-8685-46be-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 273 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 924 N. Prieur St			Amount 12.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 44c4b1c4-14e4-4040-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 35.00		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 0c4251ed-b06f-4c64-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 274 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 1010 S Dogwood Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">11.10</div>		
City Bogalusa		State LA	Zip Code 70427		Transaction ID : f418ec25-6a7e-4331-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 1254 Fleming St Apt 6			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">30.00</div>		
City Conway		State AR	Zip Code 72032		Transaction ID : 562b9b28-576b-4e2d-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">41.10</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>					
(c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 5827 Brighton Pl		Amount 25.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : ea272f32-6b86-4263-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ►	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 276 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 5827 Brighton Pl			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">0.00</div>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 46b55fbc-4bb4-48fb-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 1436 Haigs Creek Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">30.00</div>		
City Elgin	State SC	Zip Code 29045	Transaction ID : 778d33ae-17c4-4bbd-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">30.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 277 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 33.12		
City Elgin		State SC	Zip Code 29045		Transaction ID : 28d1326f-8331-4e0f-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 18065 Wayne Rd			Amount 30.00		
City Odessa		State FL	Zip Code 33556		Transaction ID : 5a776ea2-3aeb-4639-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.12		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 278 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address Split Oak Drive			Amount 50.00		
City charlotte	State NC	Zip Code 28227	Transaction ID : 89f21084-f94d-40b8-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address Split Oak Drive			Amount 22.20		
City charlotte	State NC	Zip Code 28227	Transaction ID : d5c10653-afde-4fba-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 04 / 2014</div> </div>	
Mailing Address 282 Falls Ave		Amount <div> <div>MM / DD / YYYY</div> <div>8.70</div> </div>	
City	State	Zip Code	Transaction ID : 1eb4fff4-4739-425f-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 04 / 2014</div> </div>
Granite Falls	NC	28630	
Purpose of Expenditure Mileage		Category/ Type	
		002	
Name of Federal Candidate		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Ms. Kay Hagan			
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 280 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 308 West Main Street		Amount 50.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 5e2f3cf1-17f4-4a47-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 308 West Main Street		Amount 13.86	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 0270149a-0d0b-4ba7-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.86	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 281 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 04 / 2014</div> </div>	
Mailing Address 308 West Main Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 0c5898fe-b571-488e-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 04 / 2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Donald Dessauer		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 04 / 2014</div> </div>	
Mailing Address 1804 Auburn Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div>	
City Metairie	State LA	Zip Code 70003	Transaction ID : b5d2fea7-8291-4faa-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 04 / 2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">75.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 282 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 1804 Auburn Ave			Amount 5.40		
City Metaire	State LA	Zip Code 70003	Transaction ID : f7d46042-ed1c-407c-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 1585df56-c30a-4c2f-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 283 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 2506 Bolch Street			Amount 27.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 3e87a040-7490-46cc-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 85.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 8c4790b1-51f8-4012-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			112.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 915 E Market Ave		Amount 45.00	
City	State	Zip Code	Transaction ID : b9bed0f5-00b8-4cd3-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.64
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 285 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Mailing Address 915 E Market Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">36.00</div>	
City Searcy		State AR	Zip Code 72149	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : a3a10c28-4ee2-405b-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Mailing Address 5133 Lord Bryon Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>	
City Wilmington		State NC	Zip Code 28405	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : c9ce5c2e-a8e6-47be-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">81.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 286 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Tracy M Hargett		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 5133 Lord Bryon Road		Amount 22.20	
City Wilmington	State NC	Zip Code 28405	Transaction ID : 0346e243-9f8c-4acb-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Stephanie L Heun		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101		Amount 30.00	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : e2bff311-2f02-4840-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 27.60	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 8bf0739f-a3a2-4482-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		77.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 6.30	
City Conway	State AR	Zip Code 72034	Transaction ID : fa129752-5de8-4f0c-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 35.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : c6488472-cb1b-4fa1-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: 5px;">120.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 290 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount 15.30		
City Little Rock	State AR	Zip Code 72212	Transaction ID : b3fdeaf6-c9b6-4820-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 2565 Shire Circle			Amount 15.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 21e3a209-f0f8-4672-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 291 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 6101 NORA ST			Amount 65.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 129f180e-d60c-43b9-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 6101 NORA ST			Amount 1.50		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 517f071a-23c1-4f64-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			66.50		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 292 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 804 Roundabout Circle			Amount 40.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : a531f138-2511-4054-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 85.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d241bb01-2859-4f35-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 293 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 35.46		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : c5b4d798-452a-4802-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 220 Doucet Rd			Amount 20.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 0eaa3bf5-64c8-4ff8-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.46		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 294 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 220 Doucet Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">3.03</div>		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 93b4d621-56e2-4fda-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">70.00</div>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 76c4221f-36f9-43ed-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">73.03</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 295 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 13.50		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 1a0fde7c-4555-4a39-b Date of Disbursement or Obligation 09 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 1103 West Wilson Street			Amount 65.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 67750859-a0db-4164-8 Date of Disbursement or Obligation 09 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 448 Judson Dr			Amount 10.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : aaa334dc-5a47-4760-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	District: 00 State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>36.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 297 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 448 Judson Dr		Amount 8.40	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 9fec5666-4be5-475e-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 40.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : c1bb36bd-d6ca-4b6d-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	48.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 298 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 45.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 242835f6-6626-497f-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 8.40	
City Mandeville	State LA	Zip Code 70471	Transaction ID : af9fd1b7-720a-4135-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	53.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Nathan D Wirebaugh			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 7320 Red Maple Dr			Amount 20.00		
City Holland	State OH	Zip Code 43528	Transaction ID : 168f6e50-1d38-473e-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 300 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 7151 Mullins Drive		Amount 90.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : cc5f232f-5b24-42bd-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 7151 Mullins Drive		Amount 47.40	
City Saltville	State VA	Zip Code 24370	Transaction ID : ba49c9f8-aaed-4f27-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		137.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
[Electronically Filed]			

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1900 Glen West Way		Amount 9.30	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 37224bc1-f4dc-411d-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 302 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1410 Bushville Dr		Amount 20.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : f2fdf320-e9af-49ba-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1410 Bushville Dr		Amount 9.30	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ae62dc65-5911-42e9-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 303 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 30.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 414bec00-f942-4045-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 6.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : b6847d45-d493-4e2b-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 44 Bell St		Amount 27.60	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : f78ad2c8-88be-49c0-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 305 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 44 Bell Street Ext			Amount 50.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 3bdc3e32-7b75-4428-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 44 Bell Street Ext			Amount 27.60		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 6217b02d-5ef9-40f3-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 306 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Wayne Burckel			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 46 Glenwood Ave			Amount 25.00		
City Harahan	State LA	Zip Code 70123	Transaction ID : da7b7332-6364-4441-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Wayne Burckel			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 46 Glenwood Ave			Amount 0.90		
City Harahan	State LA	Zip Code 70123	Transaction ID : c4cdfa00-c9c5-4e6b-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 307 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1ce14b1f-0abc-451b-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 3007 Darden Rd			Amount 24.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 06270cb0-8ec9-4301-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 308 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 09 / 04 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : a0899393-4e3f-445f-a Date of Disbursement or Obligation 09 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 09 / 04 / 2014	
Mailing Address 407 randall Dr			Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 5b97f387-6b28-4676-9 Date of Disbursement or Obligation 09 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 78ba2272-d54c-42e6-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <div style="position: absolute; right: 10px; top: -20px;">116.00</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <!-- Empty box --> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <!-- Empty box --> </div>

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 310 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 100 ASBURY CT			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">80.00</div>		
City WINCHESTER		State VA	Zip Code 22602		Transaction ID : c694f6a4-cdfe-4594-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">80.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 86eb0ea7-fa8d-43dd-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">160.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 04 / 2014</div> </div>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount <div> <div>Amount</div> <div>80.00</div> </div>	
City Winchester	State VA	Zip Code 22602	Transaction ID : b27dc573-228e-4681-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 04 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 313 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">80.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : b58e305c-ce4b-4261-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>		
Mailing Address 1025 Cayley Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">35.00</div>		
City High Point		State NC	Zip Code 27260		Transaction ID : ad904617-5d54-4b09-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 04 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">115.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1025 Cayley Ct		Amount 17.70	
City High Point	State NC	Zip Code 27260	Transaction ID : a5d612fe-182b-4f34-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 04 / 2014</div> </div>		
Mailing Address 1025 Cayley Ct			Amount <div> <div></div> <div>70.00</div> </div>		
City High Point	State NC	Zip Code 27260	Transaction ID : f60297f5-0097-49fe-a Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 04 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 315 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 1025 Cayley Ct			Amount 21.60		
City High Point		State NC	Zip Code 27260		Transaction ID : 75d88654-95d3-4eb9-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Douglas A Nystrom			Date of Public Distribution/Dissemination 09 / 04 / 2014		
Mailing Address 2000 W University St			Amount 20.00		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : b85c6034-f4ae-43ea-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 316 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 4902 Catawba Dr			Amount 30.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 5dbb2ee0-2634-489a-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014		
Mailing Address 4902 Catawba Dr			Amount 15.90		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9757d816-962c-40ce-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 317 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Trent Minner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2000 W University St		Amount 20.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 89cd029f-6922-4900-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Trent Minner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 2000 W University St		Amount 6.30	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 61a23550-8336-47e1-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 318 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 6412 Osage Dr		Amount 65.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 8d25eeed-5d68-40d7-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 6412 Osage Dr		Amount 22.17	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 02100fbe-cd99-4363-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 319 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1410 Bushville drive		Amount 70.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 7e1b2fd7-2493-4a3f-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 1410 Bushville drive		Amount 16.20	
City Lenoir	State NC	Zip Code 28645	Transaction ID : b7b42306-ceed-4d80-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		86.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 6.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 0450dac2-01e0-41b4-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Holly M Tippet		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 04 / 2014	
Mailing Address 595 Saint Gabrielle Dr		Amount 30.72	
City Florissant	State MO	Zip Code 63033	Transaction ID : c4336e20-bbeb-40e4-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 322 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014
Mailing Address 915 E Market Ave		Amount 4.50
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : acd5b956-7d4a-488c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Theresa A Touchet		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2014
Mailing Address 102 French Street #3		Amount 11.00
City New Orleans	State LA	Zip Code 70124
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : ba0e9acb-cda0-4ac6-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 323 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination 09 / 02 / 2014		
Mailing Address 102 French Street #3			Amount 0.30		
City New Orleans	State LA	Zip Code 70124	Transaction ID : a9f5b731-7038-4de3-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 02 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Delta Airlines			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address P.O. Box 20706			Amount 507.20		
City Atlanta	State GA	Zip Code 30320	Transaction ID : aba8ffd8-d1d5-4753-9		
Purpose of Expenditure travel expense		Category/ Type 004	Date of Disbursement or Obligation 09 / 05 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			507.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee The Sound Source		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>	
Mailing Address 229 23rd Street		Amount <div> <div>811.50</div> </div>	
City Kenner	State LA	Zip Code 70062	Transaction ID : 1b903a29-96fa-4a6d-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>
Purpose of Expenditure Sound Set-up for Metairie Event		Category/ Type 007	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1120.29
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 325 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Joseph P Thierfelder			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 05 / 2014</div> </div>		
Mailing Address 2411 Armstrong			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Gastonia	State NC	Zip Code 28054	Transaction ID : d6827220-5a2e-47b4-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 05 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Joseph P Thierfelder			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 05 / 2014</div> </div>		
Mailing Address 2411 Armstrong			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.80</div>		
City Gastonia	State NC	Zip Code 28054	Transaction ID : ed99e12e-182b-403f-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 05 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">90.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 326 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Eugene C. Vigil			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 3217 Flowers Rd S Apt O			Amount 100.00		
City Atlanta		State GA	Zip Code 30341		Transaction ID : 76ef31ac-7a4f-482f-8
Purpose of Expenditure Transportation		Category/Type 004		Date of Disbursement or Obligation 09 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Delta			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address C/S/Z			Amount 738.20		
City Atlanta		State GA	Zip Code 30320		Transaction ID : 0018a476-eeb8-4b69-a
Purpose of Expenditure Travel Expenses		Category/Type 004		Date of Disbursement or Obligation 09 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			838.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 327 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Delta			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address C/S/Z			Amount 188.80		
City Atlanta	State GA	Zip Code 30320	Transaction ID : c5f3b5d7-31ed-463c-b		
Purpose of Expenditure Travel Expenses		Category/Type 004	Date of Disbursement or Obligation 09 / 05 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Southwest Airlines			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 2702 Love Field Dr			Amount 237.05		
City Dallas	State TX	Zip Code 75235	Transaction ID : f0c813f7-3529-4d51-8		
Purpose of Expenditure Travel Expenses		Category/Type 004	Date of Disbursement or Obligation 09 / 05 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			425.85		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 328 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 28.50	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 2c8b2b3a-1209-454e-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 6.99	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : b77f2109-468c-4ac2-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35.49
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 329 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 28.50		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : ec100d5e-ed06-4f77-a Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Chad E Day			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 168 Emerald Hill			Amount 50.00		
City Forest City	State NC	Zip Code 28043	Transaction ID : 0a78f576-db69-40c6-8 Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 330 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Victoria A Gray		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>05</div><div>2014</div></div>	
Mailing Address 2173 Spokane Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 61210c60-bea2-4cbc-b Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>05</div><div>2014</div></div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Victoria A Gray		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>05</div><div>2014</div></div>	
Mailing Address 2173 Spokane Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.20</div>	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 967bee06-0f53-4c2b-9 Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>05</div><div>2014</div></div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">27.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01

30

2015

Signature

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 2430194d-059d-4be2-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 437b8b31-31b0-4711-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>160.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 332 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 7.50		
City Morganton	State NC	Zip Code 28655	Transaction ID : 93ac709b-d36e-48dc-a Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 35.00		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : e77477ae-912e-4c24-9 Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 333 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1010 S Dogwood Drive			Amount 9.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : ae89d851-f642-4cd4-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 106 Hillside St			Amount 65.00	
City Spindale	State NC	Zip Code 28160	Transaction ID : 05a8bb21-b515-4e3c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			74.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 334 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 106 Hillside St			Amount 31.02	
City Spindale	State NC	Zip Code 28160	Transaction ID : e924053f-7614-42c5-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 25.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : a1134237-4bda-444e-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.02	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Hope Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014	
Mailing Address 2073 A Clover Ave		Amount 35.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : be30a1b5-011e-4cd1-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1085.68
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 336 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Hope Benner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 2073 A Clover Ave			Amount 2.07		
City Springdale	State AR	Zip Code 72764	Transaction ID : 2585fd9e-a735-45b0-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 2565 Shire Circle			Amount 25.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 745f4a5a-00bd-4961-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.07		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 337 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 50.00	
City Greensboro	State NC	Zip Code 27410	Transaction ID : f2696ffe-82ed-4d6e-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 25.20	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 3dc2b235-3fa2-4c7a-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 338 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 05 / 2014 </div>	
Mailing Address 5330 Nestleway Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40.00 </div>	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 913a6ef0-f3b1-488c-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 05 / 2014 </div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 001 </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1095959.94 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 05 / 2014 </div>	
Mailing Address 5330 Nestleway Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6.00 </div>	
City Clemmons	State NC	Zip Code 27012	Transaction ID : a0849fd3-3bc2-4afd-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 05 / 2014 </div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 002 </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1095959.94 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 46.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 46.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 339 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 40.00		
City Wilmington		State NC	Zip Code 28411		Transaction ID : 97d7bae6-357a-4f6c-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 24.00		
City Wilmington		State NC	Zip Code 28411		Transaction ID : 4e4a425e-2805-4491-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 340 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 905 Lake Drive		Amount 63.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : e1e4b960-71c0-4077-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 905 Lake Drive		Amount 5.10	
City Shelby	State NC	Zip Code 28152	Transaction ID : 54e68c9f-3f7e-4609-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 341 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 924 N. Prieur St			Amount 85.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 834b9453-3dc6-4e67-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 924 N. Prieur St			Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 2e4eafc0-f321-4ab8-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 282 Falls Ave		Amount 30.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : de3bf18d-918b-483c-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 343 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 282 Falls Ave			Amount 9.60		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 5da10cb5-2544-42ba-8 Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 60.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : 4e6cec1e-0a5c-447f-9 Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 344 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 1410 Bushville drive			Amount 100.00		
City State Zip Code Lenoir NC 28645		Transaction ID : e5759e2e-fdfe-448f-a Date of Disbursement or Obligation 09 / 05 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 1410 Bushville drive			Amount 23.40		
City State Zip Code Lenoir NC 28645		Transaction ID : 41f01b03-4e0c-4f35-9 Date of Disbursement or Obligation 09 / 05 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			123.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 345 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>		
Mailing Address 506 N Horton Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">30.00</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : eac42608-b860-4a8d-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>		
Mailing Address 506 N Horton Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">32.10</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 8393064c-3e07-4b18-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 05 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">62.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 346 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Hope Benner			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 2073 A Clover Ave			Amount 35.00		
City Springdale		State AR	Zip Code 72764		Transaction ID : fbc32f74-8f4f-4bd8-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Hope Benner			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 2073 A Clover Ave			Amount 7.80		
City Springdale		State AR	Zip Code 72764		Transaction ID : a8dedb70-de5e-4622-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i> _____			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 347 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 345 Auroura Ave			Amount 42.50	
City Metairie	State LA	Zip Code 70006	Transaction ID : 921a8f59-ef18-423f-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 345 Auroura Ave			Amount 6.09	
City Metairie	State LA	Zip Code 70006	Transaction ID : b462277f-c11c-4d08-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.59	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 348 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 6412 Osage Dr			Amount 40.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 1c6a76d9-869f-42ec-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 6412 Osage Dr			Amount 20.82		
City North Little rock		State AR	Zip Code 72116		Transaction ID : df2c6f7f-7174-42fd-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.82		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 349 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 2090 Fancy Gap Rd			Amount 60.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 40461a53-88bd-4f07-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 70.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : a41ca38a-652b-4e71-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 350 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014
Mailing Address 2090 Fancy Gap Rd		Amount 27.06
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : d4ac2356-7cff-4e6c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014
Mailing Address 3110 Brentwood Rd		Amount 21.60
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : c0890bb2-8d1d-484e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	48.66
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 351 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 70.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : dbd1f8a7-2855-4631-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 21.60		
City Raleigh	State NC	Zip Code 27604	Transaction ID : d7d0e0e2-eb99-4102-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 352 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 5133 Lord Bryon Road			Amount 60.00		
City Wilmington	State NC	Zip Code 28405	Transaction ID : 92ad44b9-ee68-496c-9 Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 5133 Lord Bryon Road			Amount 16.80		
City Wilmington	State NC	Zip Code 28405	Transaction ID : 2c81607b-2718-4667-9 Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 353 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 12920 Kneeland Ln			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">35.00</div>		
City Neosho	State MO	Zip Code 64850	Transaction ID : de60552c-9692-47d6-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 110 W Pecan St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75.00</div>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6ebcec4b-f3fe-4fa2-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">110.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 354 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 110 W Pecan St		Amount 38.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b2c6a235-ce49-4c0c-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 110 W Pecan St		Amount 75.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 911aeb21-9eee-4b6a-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	113.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>	
Mailing Address 6544 Arno College Grove Rd		Amount <div> <div>Amount</div> <div>30.00</div> </div>	
City College Grove	State TN	Zip Code 37046	Transaction ID : 6c1f21a0-f7c0-4cf9-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 356 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 2506 Bolch Street			Amount 50.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5639913d-7b32-47ed-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 2506 Bolch Street			Amount 70.50		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 136d39ab-33df-417a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 357 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 05 / 2014</div> </div>	
Mailing Address 3113 Imperial Valley Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div>	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 24422cb3-9b6a-428c-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 05 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 05 / 2014</div> </div>	
Mailing Address 3113 Imperial Valley Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24.60</div>	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 33d5c2be-8d9a-49e5-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 05 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">89.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 358 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Mary Frank			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 14 Ramblewood Drive			Amount 1.56		
City Covington	State LA	Zip Code 70435	Transaction ID : b41e49fc-0d25-46fb-b Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 220 Doucet Rd			Amount 25.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 56a65faf-13fc-4f31-8 Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.56		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 359 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014
Mailing Address 220 Doucet Rd		Amount 2.67
City Lafayette	State LA	Zip Code 70503
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 2c24c450-2319-49c7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014
Mailing Address 10112 Piney Creek Ct		Amount 40.00
City Charolette	State NC	Zip Code 28215
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e5ab7215-9ef1-4d4c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.67
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>	
Mailing Address 1691 Fork Mtn Rd		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 191f76cc-2e35-4a8c-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 05 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		64.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 361 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 18.60	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 701f4ec8-5aa3-4f9b-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 111 Westchester Blvd Apt D4		Amount 50.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : a88ee75d-3274-4e21-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		68.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 362 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 05 2014 </div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 50.00 </div> </div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 8bb35de2-6fd5-4a93-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 05 2014 </div> </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 554635.78 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 05 2014 </div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 5.70 </div> </div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 882182f8-bca7-4b6c-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 05 2014 </div> </div>
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 554635.78 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 55.70 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01
30
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 363 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee Stephanie L Heun		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101		Amount 25.00	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : c7d51e97-43dc-4878-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Gogo Air		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1250 N. ARLINGTON HEIGHTS RD 500		Amount 9.95	
City ITASCA	State IL	Zip Code 60143	Transaction ID : 3c93273b-48c0-43d4-a
Purpose of Expenditure travel expense	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.95	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 364 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee White Fleet Cab			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 3300 Bienville St			Amount 39.60		
City New Orleans	State LA	Zip Code 70119	Transaction ID : 645c088d-5157-4840-a		
Purpose of Expenditure travel expense		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 3007 Darden Rd			Amount 85.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 424a4d17-091b-4a14-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 365 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 3007 Darden Rd			Amount 43.80		
City Greensboro	State NC	Zip Code 27407	Transaction ID : d032b5e5-bd64-450b-a Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 09 / 05 / 2014		
Mailing Address 3007 Darden Rd			Amount 85.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 641e95a8-1ca6-4d5c-b Date of Disbursement or Obligation 09 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			128.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 20.52		
City	State	Zip Code	Transaction ID : 71d25978-37a3-4daf-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.52
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 367 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2014		
Mailing Address 202 East Park Ave Apt 40		Amount 35.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 9945f5b8-f8d5-4bec-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2014		
Mailing Address 1254 Fleming St Apt 6		Amount 30.00		
City Conway	State AR	Zip Code 72032	Transaction ID : 28aedb8b-97af-4fd7-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 368 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 11.40		
City Conway	State AR	Zip Code 72032	Transaction ID : 58f6c866-d28c-4498-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sandra L Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 30.00		
City Conway	State AR	Zip Code 72032	Transaction ID : adedb71c-8759-476b-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 407 randall Dr		Amount 33.00	
City	State	Zip Code	Transaction ID : 0de17864-d7b0-4f11-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 60.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2be43234-094a-450b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 371 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / MM / YYYY 09 / 05 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 27.06		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 9007945c-9bc0-4cdc-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / MM / YYYY 09 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination MM / MM / YYYY 09 / 05 / 2014		
Mailing Address 2936 Brushwood Ave			Amount 40.00		
City Springdale	State AR	Zip Code 72764	Transaction ID : 3435808d-2d0a-46be-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / MM / YYYY 09 / 05 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.06		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / MM / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 372 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 05 / 2014</div>		
Mailing Address 2936 Brushwood Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">3.00</div>		
City Springdale		State AR	Zip Code 72764		Transaction ID : 56adc6ac-be71-4775-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 05 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 05 / 2014</div>		
Mailing Address 1254 Fleming St Apt 6			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">72.50</div>		
City Conway		State AR	Zip Code 72032		Transaction ID : 791a4ce6-660f-4ae2-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 05 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">75.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 30 / 2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 373 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination 09 / 05 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 33.90	
City Conway	State AR	Zip Code 72032	Transaction ID : 95e6d1ff-a3dc-41f9-9 Date of Disbursement or Obligation 09 / 05 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 09 / 05 / 2014	
Mailing Address 6101 NORA ST			Amount 30.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 30a1b5b9-bcb8-4d49-a Date of Disbursement or Obligation 09 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			63.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 374 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 6101 NORA ST			Amount 1.80	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 7d6aaba9-5c0c-4774-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 308 West Main Street			Amount 47.50	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 04a53617-4462-4a48-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 375 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 308 West Main Street			Amount 15.87		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : b913a48b-a142-496c-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 308 West Main Street			Amount 47.50		
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : d418a406-f569-4dd1-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.37		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 376 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1025 Cayley Ct		Amount 65.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 6e02c1e3-f625-4c51-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1025 Cayley Ct		Amount 20.10	
City High Point	State NC	Zip Code 27260	Transaction ID : 15cfd2a2-cd09-4a7a-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		85.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 377 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 4902 Catawba Dr			Amount 30.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : c02e0919-487a-4622-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 4902 Catawba Dr			Amount 15.30	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 62d791e2-b909-4e55-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			45.30	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 378 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 05 / 2014</div>		
Mailing Address 108 East Clinton St PO Box 410			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">27.50</div>		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 0ca68978-bd4d-4172-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 05 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 05 / 2014</div>		
Mailing Address 108 East Clinton St PO Box 410			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">10.32</div>		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 4b4bbb09-1f2a-4618-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 05 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">37.82</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 30 / 2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 379 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 55.00		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 5191d8eb-57e6-425d-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 8.10		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 6ed52b7e-8da7-4d6d-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 380 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">10.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 29bc0a75-164b-449d-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <div style="border-bottom: 1px solid black; width: 40px;">00</div> State: <div style="border-bottom: 1px solid black; width: 40px;">NC</div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address 100 ASBURY CT			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">20.00</div>		
City WINCHESTER		State VA	Zip Code 22602		Transaction ID : d40ab3b8-50b3-45d8-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">05</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <div style="border-bottom: 1px solid black; width: 40px;">00</div> State: <div style="border-bottom: 1px solid black; width: 40px;">NC</div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">30.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="border-top: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>		

Ms. Emily Buchanan

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 381 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 100 Asbury Ct			Amount 9999.99 30.00	
City Winchester		State VA	Zip Code 22602	Transaction ID : 50558229-be18-48f4-a
Purpose of Expenditure Salary		Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		999999.99 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 9999.99 20.00	
City Winchester		State VA	Zip Code 22602	Transaction ID : fbb619cf-287c-4921-a
Purpose of Expenditure Salary		Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		999999.99 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			9999.99 50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			9999.99	
(c) TOTAL Independent Expenditures.....▶			9999.99	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 100 Asbury Ct		Amount 10.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 50536451-e2fe-4f33-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 383 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 44 Bell Street Ext		Amount 40.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 3fe9a405-44c0-4913-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 44 Bell Street Ext		Amount 18.60	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 6d494a45-e5ab-4778-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Carla A Wells		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2013 Woodwind Way		Amount 4.50	
City Van Buren	State NC	Zip Code 72956	Transaction ID : 98c6fe16-a455-4062-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 110 Maryella Dr			Amount 55.00		
City	State	Zip Code	Transaction ID : 3ff118e3-8af7-4494-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1410 Bushville Dr		Amount 50.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 808a1dbd-6d13-462f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital display units are shown, each with a different date format. The first unit displays '01' under 'M M' labels. The second unit displays '30' under 'D D' labels. The third unit displays '2015' under 'Y Y Y Y' labels.

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 387 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 1410 Bushville Dr			Amount 11.40		
City Lenoir	State NC	Zip Code 28645	Transaction ID : b4d5929c-062e-4e95-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 4967 Dysartville			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : 237f6aef-7739-42b1-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 388 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : b6ea79bf-b834-4b72-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 7.50	
City Morganton	State NC	Zip Code 28655	Transaction ID : 71b0804d-a65b-4386-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 211 Pearl St		Amount 9.48	
City Drexel	State NC	Zip Code 28619	Transaction ID : 7cef31e5-cc55-47d1-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.48
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 390 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Kristen S Moore			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 42 Oak Creek Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">80.00</div>		
City Conway		State AR	Zip Code 72032		Transaction ID : 876e95b0-0f44-4195-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Kristen S Moore			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 42 Oak Creek Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">29.10</div>		
City Conway		State AR	Zip Code 72032		Transaction ID : f2238356-eacc-4f68-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">109.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 391 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 6412 Osage Dr			Amount 70.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 54900cf9-a172-4a95-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 65.00		
City Conway		State AR	Zip Code 72032		Transaction ID : d3668e0c-fc96-437f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			135.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee John H Travis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1618 Davis St		Amount 80.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 618d55a8-ba3f-48bd-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Canes Chicken Fingers		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 4036 Veterans Memorial Blvd		Amount 190.29	
City Metairie	State LA	Zip Code 70002	Transaction ID : 8d368d0e-6717-4219-8
Purpose of Expenditure 200 Chicken Fingers for Press Conference		Category/ Type 007	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	690.29
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Aaron W Heien		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1730 Sweetaspire dr		Amount 80.00	
City Conway	State AR	Zip Code 72032	Transaction ID : d09fb3a8-52a0-427f-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>145.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 395 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Aaron W Heien			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 1730 Sweetspire dr			Amount 35.10		
City Conway	State AR	Zip Code 72032	Transaction ID : fb9c4ea8-046d-4fd3-8 Date of Disbursement or Obligation 09 / 06 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Dunkin Donuts			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 4015 Veterans Memorial Blvd PC#351729			Amount 17.38		
City Metairie	State LA	Zip Code 70006	Transaction ID : 548ea4f0-f99e-44f8-8 Date of Disbursement or Obligation 09 / 06 / 2014		
Purpose of Expenditure Donuts for Press Conference		Category/ Type 007			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.48		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Rouses		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2900 Veterans Memorial Blvd		Amount 12.49	
City	State	Zip Code	Transaction ID : 5ad94bf7-9c45-4656-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Metairie	LA	70002	
Purpose of Expenditure Plates and Napkins for Campaign Event		Category/ Type	007
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		554635.78	

Full Name of Payee Acme Oyster House		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 3000 Veterans Memorial Blvd		Amount 111.78	
City Metairie	State LA	Zip Code 70002	Transaction ID : 206eae1e-e90d-4d75-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Lunch with Speaker for Press Conference		Category/ Type 007	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	124.27
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Erin L Hogan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 110 Teresa Lane		Amount 45.00	
City Pocahontas	State AR	Zip Code 72455	Transaction ID : 229ae67d-c7e6-47d4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ►	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 398 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Erin L Hogan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 110 Teresa Lane		Amount 32.10	
City Pocahontas	State AR	Zip Code 72455	Transaction ID : 23e02878-5ef1-446b-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 3300 Asher Ave		Amount 70.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 9ddfe061-ab99-4efd-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	102.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 399 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 3300 Asher Ave		Amount 9.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 4b2c067d-02e7-40fc-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 101 Durham Drive		Amount 80.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 9e091e1d-40f9-45a2-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		89.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 2565 Shire Circle			Amount 40.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 70cea2fa-e978-4a26-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>130.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 401 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>					
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 1103 West Wilson Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">80.00</div>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 1cbb409a-1e34-43ea-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 1103 West Wilson Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">104.10</div>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 96457fdd-5b60-4141-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">184.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 402 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Dwayne G Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014
Mailing Address 1700 N Hughes St Apt 17		Amount 70.00
City Little Rock	State AR	Zip Code 72207
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : ddf04f03-5d47-4c87-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Dwayne G Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014
Mailing Address 1700 N Hughes St Apt 17		Amount 21.90
City Little Rock	State AR	Zip Code 72207
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 2ab772f0-c3a0-4942-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	91.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 403 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Douglas A Nystrom			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>		
Mailing Address 2000 W University St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">35.00</div>		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : 78c4fcd6-9164-4cb1-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Matt Curran			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>		
Mailing Address 1537 Country Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">41.50</div>		
City Kernersville		State NC	Zip Code 27284		Transaction ID : ca8d82a1-78d3-4784-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">76.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 404 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Matt Curran			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 1537 Country Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11.94</div>		
City Kernersville		State NC	Zip Code 27284		Transaction ID : a03cf66b-ca34-4447-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Katlyn P Bernardini			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 1326 East Field St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">93.00</div>		
City Conway		State AR	Zip Code 72034		Transaction ID : ece039a1-1d2c-47d7-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">104.94</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 405 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Katlyn P Bernardini		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1326 East Field St		Amount 39.30	
City Conway	State AR	Zip Code 72034	Transaction ID : 0f23099a-844d-40d7-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lisa a Bernardini		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1326 East Field St		Amount 93.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 1cb87e2f-eb33-4325-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		132.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 406 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Lisa a Bernardini			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1326 East Field St			Amount 11.79	
City Conway	State AR	Zip Code 72034	Transaction ID : 8335a041-6063-4962-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 33.50	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : dd11298e-d00a-49ca-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.29	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 407 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 5510 Dogwood Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.07</div>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 483cd24c-1114-4ab5-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 108 East Clinton St PO Box 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 27015815-2eb1-44cc-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">38.07</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 408 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 10.74		
City Salemberg		State NC	Zip Code 28385		Transaction ID : c6065ad3-ce9e-4913-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address P.O. Box 712			Amount 70.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : feab2401-b6d7-4734-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.74		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 409 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address P.O. Box 712			Amount 24.30		
City Alexander		State AR	Zip Code 72002		Transaction ID : cf1e4d0a-8dc9-4d0e-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 301 N Clinic Apt 3			Amount 85.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 2898d645-cc24-41b0-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Joseph P Thierfelder		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2411 Armstrong		Amount 65.00	
City Gastonia	State NC	Zip Code 28054	Transaction ID : 71461249-99c8-4d6b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	152.15
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 411 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Joseph P Thierfelder			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 2411 Armstrong			Amount 12.60		
City Gastonia	State NC	Zip Code 28054	Transaction ID : c47a323a-803e-4060-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Nicole N Ball			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 2528 Mill Creek Rd			Amount 25.00		
City Newport	State NC	Zip Code 28570	Transaction ID : e030a65b-ed66-44dc-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 412 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nicole N Ball			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Mailing Address 2528 Mill Creek Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.80</div>		
City Newport	State NC	Zip Code 28570	Transaction ID : a26a732b-2acc-4ee4-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Mailing Address 2134 Tobaccoville Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">33.50</div>		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 9f124856-cb2a-4bfb-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">47.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 413 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014
Mailing Address 110 W Pecan St		Amount 60.00
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : ea4d95b3-64c9-4640-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014
Mailing Address 6101 NORA ST		Amount 70.00
City METAIRIE	State LA	Zip Code 70003
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 3eab94b5-a947-4019-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 414 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.50</div>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 4f4fed4-fdf9-4ced-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 3205 Pebble Beach Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.30</div>		
City Conway		State AR	Zip Code 72034		Transaction ID : 659bd3a9-117a-4729-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>		

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination <div> <div>09</div> <div>06</div> <div>2014</div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div>85.00</div>	
City Searcy	State AR	Zip Code 72143	Transaction ID : 4e369783-85fd-4ab2-b Date of Disbursement or Obligation <div> <div>09</div> <div>06</div> <div>2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	<div>292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.16
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 416 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014
Mailing Address 202 East Park Ave Apt 40		Amount 38.22
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Patricia G Tiziani		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014
Mailing Address 221 Williamsburg Dr		Amount 20.00
City Mandeville	State LA	Zip Code 70471
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.22
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Trent Minner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2000 W University St		Amount 35.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : f0981887-1d97-4468-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>42.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Peter D Tiziani		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 221 Williamsburg Dr		Amount 20.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 3f679230-21e3-4995-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.09
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 419 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 3007 Darden Rd			Amount 75.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 38d55b6f-b756-42e0-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 3007 Darden Rd			Amount 29.70		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 42e066bb-78c9-4bee-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 420 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 3007 Darden Rd			Amount 75.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 768e331f-e45b-4969-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 35.00		
City Sterling		State VA	Zip Code 20165		Transaction ID : 5acf7dad-e7d4-41e3-a
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 421 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 20679 Glenbrook Terrace			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 35.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 6ba6a903-e244-4702-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 001	<div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Cory Bryson			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 216 Dogwood Ln			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 75.00		
City Belmont	State NC	Zip Code 28012	Transaction ID : 2d3c167e-c2e5-474c-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 001	<div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 110.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 422 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Cory Bryson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 216 Dogwood Ln			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15.00</div>		
City Belmont	State NC	Zip Code 28012	Transaction ID : eeec41fe-a900-4097-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 6610 Walcott Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15.00</div>		
City Paragoud	State AR	Zip Code 72450	Transaction ID : a62dbeb5-4571-4e17-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 423 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 6610 Walcott Rd			Amount 2.97		
City Paragoud	State AR	Zip Code 72450	Transaction ID : d2c11277-973f-4f89-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 70.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 82f23963-85ac-4186-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			72.97		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 424 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 10.20	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 369ce79f-5862-463c-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 70.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 92ddb735-0d5c-4d6c-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		80.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 425 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 10.20	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 2a28ead4-9802-41d1-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mattie F Grant		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1700 N Hughes St Apt 17		Amount 70.00	
City Little Rock	State AR	Zip Code 72207	Transaction ID : 8583b676-6080-4cc1-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		80.20	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 426 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Kay Davis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 5117 Carr Dr		Amount 42.50	
City Grifton	State NC	Zip Code 28530	Transaction ID : 85313005-996e-4a78-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kay Davis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 5117 Carr Dr		Amount 12.00	
City Grifton	State NC	Zip Code 28530	Transaction ID : 0e492e63-6a68-40e5-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 907 Randall Drive		Amount 39.00	
City	State	Zip Code	Transaction ID : 96906c12-ba2a-4e62-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 428 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ingrid Y Batton		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014	
Mailing Address 1700 N Hughes St Apt 8		Amount 70.00	
City Little Rock	State AR	Zip Code 72207	Transaction ID : 1cac9d3d-3da1-4230-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ingrid Y Batton		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014	
Mailing Address 1700 N Hughes St Apt 8		Amount 21.90	
City Little Rock	State AR	Zip Code 72207	Transaction ID : 29c79555-e5d7-46f3-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		91.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Thomas Dias		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 110 Maryella Dr		Amount 63.00	
City	State	Zip Code	Transaction ID : a99b907e-8aef-495b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">128.00</div> <div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>

Signature

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2506 Bolch Street		Amount 33.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 53d19ac2-b710-4e10-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 407 randall Dr			Amount 30.00		
City	State	Zip Code	Transaction ID : 888427cb-3d66-4a24-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 432 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 205 Medallion Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 1c09c70d-3c3d-49dd-b		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 205 Medallion Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25.50</div>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 1d5ab3f0-c264-4bfd-9		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">105.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 433 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris D King		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014		
Mailing Address 1700 N Hughes St Apt 17		Amount 70.00		
City Little Rock	State AR	Zip Code 72207	Transaction ID : 4440ccfd-386f-4cad-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014		
Mailing Address 220 Doucet Rd		Amount 105.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 79f9de2d-2062-4f78-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		175.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 434 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 220 Doucet Rd			Amount 6.09		
City Lafayette	State LA	Zip Code 70503	Transaction ID : c6ea2e88-5a5c-404d-a Date of Disbursement or Obligation 09 / 06 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 1809 N Woodlawn			Amount 52.50		
City Metairie	State LA	Zip Code 70001	Transaction ID : ed2ea6be-4d0f-4b2a-9 Date of Disbursement or Obligation 09 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.59		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 435 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Mailing Address 1809 N Woodlawn			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.00</div>		
City Metairie	State LA	Zip Code 70001	Transaction ID : be886db5-3b98-4784-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Mailing Address 22369 Ponderosa Dr.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : f1b2cbdd-9821-4991-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 06 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">59.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 85.00	
City	State	Zip Code	Transaction ID : 0be267fe-7ee4-4db2-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		91.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 437 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 38.22		
City Searcy		State AR	Zip Code 72143		Transaction ID : 157920b6-e4b5-48c3-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014		
Mailing Address 121 Meadowview Drive			Amount 20.00		
City Boone		State NC	Zip Code 28607		Transaction ID : 032a24a3-ce8e-4643-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			58.22		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 438 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 121 Meadowview Drive			Amount 22.20		
City Boone	State NC	Zip Code 28607	Transaction ID : 72b03b42-2296-474d-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 06 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Brooke A Gilham			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 168 Graduate Lane Apt 324			Amount 75.00		
City Boone	State NC	Zip Code 28607	Transaction ID : 6a2c4a63-7969-41c3-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 06 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 439 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Brooke A Gilham		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 168 Graduate Lane Apt 324		Amount <div style="border: 1px solid black; padding: 2px;">37.80</div>	
City Boone	State NC	Zip Code 28607	Transaction ID : 81fccec8-c072-4080-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1700 E Part Ave		Amount <div style="border: 1px solid black; padding: 2px;">77.50</div>	
City Searcy	State AR	Zip Code 72149	Transaction ID : 7caf8b76-68c3-4672-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">115.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

01 / 30 / 2015

Signature

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 100.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 154ba92e-c517-4475-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	157.87
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 103 Glenhaven Ct			Amount 59.10		
City Harvest	State AL	Zip Code 35749	Transaction ID : bc63d2d5-bb6d-45f4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	159.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 442 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lindsey N Rose			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 615 Live Oak Dr			Amount 85.00		
City searcy	State AR	Zip Code 72143	Transaction ID : 5b3674ef-c156-42a4-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 60.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 4b26aee0-ea55-4b06-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			145.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 443 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 60.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : a194b8db-5c18-432f-a Date of Disbursement or Obligation 09 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 52.50		
City Goodman	State MO	Zip Code 64843	Transaction ID : 89752a94-0332-428b-b Date of Disbursement or Obligation 09 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			112.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Sarinda S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 24.60	
City Goodman	State MO	Zip Code 64843	Transaction ID : 45099729-be19-478d-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 445 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 7151 Mullins Drive		Amount 90.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 65e83959-05fd-43df-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 7151 Mullins Drive		Amount 42.30	
City Saltville	State VA	Zip Code 24370	Transaction ID : c0143824-7e89-4e21-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	132.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 446 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 18065 Wayne Rd			Amount 135.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 4cd9201d-b2bc-4151-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 135.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 06cbe97f-8ce4-487d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			270.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 447 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 83.04	
City Elgin	State SC	Zip Code 29045	Transaction ID : e69192de-68e0-42ae-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 1410 Bushville drive		Amount 20.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 9d53c69d-3ce2-4358-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	103.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 448 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 1410 Bushville drive			Amount 9.00		
City State Zip Code Lenoir NC 28645		Transaction ID : 7bfa13f0-a5ab-4fcc-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address 804 Roundabout Circle			Amount 55.00		
City State Zip Code Searcy AR 72143		Transaction ID : f44e60c5-256c-4537-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 449 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 804 Roundabout Circle			Amount 42.90		
City Searcy	State AR	Zip Code 72143	Transaction ID : bab16650-51b6-46e9-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 06 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 09 / 06 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 60.00		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : b79b465f-9ece-4cbf-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 06 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 450 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 9455 Snow Camp Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.80</div>		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 31d2fe9d-dfd7-4e82-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 07 / 2014</div>		
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 1c640e57-3600-43ae-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 07 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">27.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>		

Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 107 Phillip Ave		Amount 80.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : abd28d89-3104-4b3a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 452 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Peter Sahuc			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014		
Mailing Address 107 Phillip Ave			Amount 81.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : c16b7fdf-ac20-49c0-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brooke A Gilham			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014		
Mailing Address 168 Graduate Lane Apt 324			Amount 70.00		
City Boone	State NC	Zip Code 28607	Transaction ID : 111290bc-04d8-4a79-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			151.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 453 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brooke A Gilham		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2014	
Mailing Address 168 Graduate Lane Apt 324		Amount 42.60	
City Boone	State NC	Zip Code 28607	Transaction ID : a8a1d394-37ad-4acb-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2014	
Mailing Address 250 JS Brewton rd		Amount 40.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 62f44f8b-aae8-437e-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		82.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Jon Linch		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 6108 Harkins Ave		Amount 20.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : d539aa09-8bbf-43c0-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>22.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 455 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>		
Mailing Address 6108 Harkins Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.40</div>		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 32923ed8-528d-45a1-a
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 06 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 07 / 2014</div>		
Mailing Address 202 East Park Ave Apt 40			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : c3bb0743-d031-4d5e-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 07 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">59.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 100.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 63d2bcf2-79bc-43ee-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 79.47	
City Elgin	State SC	Zip Code 29045	Transaction ID : ed8e6fe2-eee7-48b3-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	179.47
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 50.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 61a2df30-53bb-4063-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);">150.00</div> </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);"></div> </div> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 50%; transform: translateX(-50%);"></div> </div> </div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 458 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014		
Mailing Address 110 W Pecan St			Amount 50.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 5c931ceb-6db5-4895-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014		
Mailing Address 110 W Pecan St			Amount 36.90		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f4a24932-df85-4811-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 459 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014
Mailing Address 6101 NORA ST		Amount 65.00
City METAIRIE	State LA	Zip Code 70003
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 6b2b31c4-77b1-4c16-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014
Mailing Address 6101 NORA ST		Amount 1.80
City METAIRIE	State LA	Zip Code 70003
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 7df0c3b1-0d43-41b3-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	66.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 460 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f1b3b5bb-04e5-4ff0-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 41.01	
City Searcy	State AR	Zip Code 72143	Transaction ID : 65cdc92d-d01a-4b1f-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	86.01
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 461 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014		
Mailing Address 220 Doucet Rd			Amount 20.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 9462abf5-7f7b-44d2-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014		
Mailing Address 220 Doucet Rd			Amount 1.92		
City Lafayette	State LA	Zip Code 70503	Transaction ID : e7e6b120-9477-4385-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.92		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 300 Evangeline St		Amount 14.70	
City Monroe	State LA	Zip Code 71201	Transaction ID : 8d296b0a-0665-47dd-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 463 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Mr. Elizabeth Allison			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014		
Mailing Address 157 Bishop Drive			Amount 25.00		
City Avondale	State LA	Zip Code 70094	Transaction ID : 33a17a43-2745-4364-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Laura Rose Porter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014		
Mailing Address 227 Fairgrounds Road			Amount 25.00		
City Natchitoches	State LA	Zip Code 71457	Transaction ID : 7282ae9f-7625-4bd6-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 464 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura Rose Porter			Date of Public Distribution/Dissemination 09 / 07 / 2014		
Mailing Address 227 Fairgrounds Road			Amount 3.60		
City Natchitoches	State LA	Zip Code 71457	Transaction ID : 210b5730-4143-475c-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 09 / 07 / 2014		
Mailing Address 1103 West Wilson Street			Amount 65.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e1c1b66f-4174-4fea-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014	
Mailing Address 111 Westchester Blvd Apt D4		Amount 50.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : bbc13941-fba6-44fa-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 466 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014		
Mailing Address 915 E Market Ave			Amount 62.50		
City Searcy		State AR	Zip Code 72149		Transaction ID : d6a38eae-0d81-4b56-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2014		
Mailing Address 915 E Market Ave			Amount 41.70		
City Searcy		State AR	Zip Code 72149		Transaction ID : c48cb659-a2fa-43dc-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 448 Judson Dr		Amount 10.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 05182493-99e7-4366-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 12/14 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 468 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 4902 Catawba Dr			Amount 75.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3606da39-5f4f-4f92-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 03 / 2014		
Mailing Address 4902 Catawba Dr			Amount 18.90		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 509adf38-af07-4abf-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2014	
Mailing Address 1900 Glen West Way		Amount 30.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : ddb03878-a2d8-478b-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Shanon Snyder		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 2701 Winifred		Amount 30.00	
City Metairie	State LA	Zip Code 70003	Transaction ID : 1bcd9b57-3248-4f3c-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">34.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 30px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px;"></div>

Signature

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 472 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Uber Technologies, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 08 / 2014</div> </div>	
Mailing Address 182 Howard St Ste 8		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>	
City San Francisco	State CA	Zip Code 94105	Transaction ID : 765caeb8-0381-4bb2-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 08 / 2014</div> </div>
Purpose of Expenditure Transportation		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Hertz		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 08 / 2014</div> </div>	
Mailing Address P.O. Box 26120		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">93.23</div>	
City Oklahoma City	State OK	Zip Code 73126	Transaction ID : f35da4fc-2aea-41d9-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 08 / 2014</div> </div>
Purpose of Expenditure Travel		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">138.23</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 473 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 307 Farris Rd Apt 1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City Conway	State AR	Zip Code 72034	Transaction ID : 3c114e2b-2c81-404f-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 307 Farris Rd Apt 1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6.30</div>		
City Conway	State AR	Zip Code 72034	Transaction ID : e5da20c3-7ec8-47f0-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">46.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 474 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 105 South Dale St			Amount 999999.99 30.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 96d1718f-64b6-4ef9-9
Purpose of Expenditure Salary		Category/ Type	001 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 999999.99 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 999999.99 45.00		
City Charlotte		State NC	Zip Code 23215		Transaction ID : e2cdb94c-27ec-4eb8-b
Purpose of Expenditure Salary		Category/ Type	001 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 999999.99 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			999999.99 75.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			999999.99		
(c) TOTAL Independent Expenditures..... ▶			999999.99		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 475 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 10.50		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 249372a2-0dea-470b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 3 Girard			Amount 55.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 1b54694d-dfff-40f8-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 476 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 3 Girard			Amount 8.40		
City State Zip Code Fort Smith AR 72901		Transaction ID : 6c2cdd61-423d-4ec4-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 5827 Brighton Pl			Amount 25.00		
City State Zip Code New Orleans LA 70131		Transaction ID : 1e429cbf-74eb-480f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 477 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 09 / 08 / 2014		
Mailing Address 5827 Brighton Pl			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">12.00</div>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : ccf0849-61bd-4a69-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Erin L Hogan			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 09 / 08 / 2014		
Mailing Address 110 Teresa Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">70.00</div>		
City Pocahontas		State AR	Zip Code 72455		Transaction ID : d4610c52-e5f0-4080-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">82.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 478 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Erin L Hogan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 110 Teresa Lane		Amount 45.30	
City Pocahontas	State AR	Zip Code 72455	Transaction ID : 2f52669e-5f08-4216-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 2565 Shire Circle		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 5286e799-b149-4dd5-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1410 Bushville Dr		Amount 4.50	
City Lenoir	State NC	Zip Code 28645	Transaction ID : d8ce578c-bec2-471f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 480 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Nathan S Shaw		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 5726 NC Hwy 66 S		Amount 45.00	
City King	State NC	Zip Code 27021	Transaction ID : 1a81edbc-a6e5-41a4-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nathan S Shaw		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 5726 NC Hwy 66 S		Amount 25.80	
City King	State NC	Zip Code 27021	Transaction ID : ba4c2921-4d76-4eae-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	70.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 481 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 70.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 227322bd-23a6-42e7-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 31.80	
City Bakersville	State NC	Zip Code 28705	Transaction ID : a478a887-b769-42d1-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		101.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 112 apache Dr			Amount 18.60		
City	State	Zip Code	Transaction ID : caf43855-4082-4ae5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Search	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
292434.22					

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>68.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 483 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 924 N. Prieur St		Amount 80.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 90095a7a-4d5a-4916-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 924 N. Prieur St		Amount 15.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : a48d34e6-a415-4a96-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 40.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 2697e16e-42b0-4d68-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 485 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination MM / MM / YYYY 09 / 08 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 27.60		
City Charolette	State NC	Zip Code 28215	Transaction ID : b2692274-a1a0-40ab-8 Date of Disbursement or Obligation MM / MM / YYYY 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / MM / YYYY 09 / 08 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 7769d6c2-a789-4c84-8 Date of Disbursement or Obligation MM / MM / YYYY 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / MM / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 486 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 09 / 08 / 2014		
Mailing Address 2506 Bolch Street			Amount 70.50		
City Shreveport	State LA	Zip Code 71104	Transaction ID : ff00bb62-875a-4da3-b Date of Disbursement or Obligation 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 09 / 08 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : df681ecf-eb8b-4be9-a Date of Disbursement or Obligation 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 487 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 205 Medallion Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">70.50</div>		
City State Zip Code Shreveport LA 71119		Transaction ID : 3de3a235-9a06-4061-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 8822 Apple St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">55.00</div>		
City State Zip Code New Orleans LA 70188		Transaction ID : a05ee457-b9a0-42cf-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">125.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i> <div style="border-bottom: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 488 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 70.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : fdc1fc65-a347-4019-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 29.01	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 93721c9e-dabd-4866-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		99.01	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 489 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 08 / 2014</div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">60.00</div>		
City State Zip Code New Orleans LA 70131		Transaction ID : 6c949f90-f7c6-4bee-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 08 / 2014</div>			
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 08 / 2014</div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">12.90</div>		
City State Zip Code New Orleans LA 70131		Transaction ID : c07c5049-d2d6-489f-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 08 / 2014</div>			
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">72.90</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 30 / 2015</div>		

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 2.64	
City Conway	State AR	Zip Code 72034	Transaction ID : 0e48e4db-6a58-406d-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.64
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 491 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Hope Benner			Date of Public Distribution/Dissemination 09 / 08 / 2014	
Mailing Address 2073 A Clover Ave			Amount 35.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : 3d1f602e-8dc2-4130-9 Date of Disbursement or Obligation 09 / 08 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Hope Benner			Date of Public Distribution/Dissemination 09 / 08 / 2014	
Mailing Address 2073 A Clover Ave			Amount 8.10	
City Springdale	State AR	Zip Code 72764	Transaction ID : cc865b4a-91dc-4cac-a Date of Disbursement or Obligation 09 / 08 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 492 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 282 Falls Ave		Amount 30.00		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 43b63a49-ea9d-45bc-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 282 Falls Ave		Amount 16.80		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 51c54556-13ea-4995-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		46.80		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 493 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Cory Bryson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 216 Dogwood Ln		Amount 70.00		
City Belmont	State NC	Zip Code 28012	Transaction ID : 0acaadc0-c79e-4991-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Cory Bryson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 216 Dogwood Ln		Amount 20.10		
City Belmont	State NC	Zip Code 28012	Transaction ID : 33460423-23f1-4a3d-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		90.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 29.01	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : cf512654-4da2-4918-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	99.01
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 495 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 09 / 08 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 30.00		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 606750f6-6d54-4efe-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 09 / 08 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 55.00		
City Berryville		State VA	Zip Code 22611		Transaction ID : 1cf3f7ec-6415-484d-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 496 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Brooke A Gilham			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 168 Graduate Lane Apt 324			Amount 80.00		
City State Zip Code Boone NC 28607		Transaction ID : 804fa456-8027-48da-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brooke A Gilham			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 168 Graduate Lane Apt 324			Amount 44.70		
City State Zip Code Boone NC 28607		Transaction ID : fcd787ac-111e-4b04-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 497 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 08 / 2014</div>		
Mailing Address 250 JS Brewton rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">40.00</div>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 330e1c5e-c224-48bc-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 08 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 08 / 2014</div>		
Mailing Address 250 JS Brewton rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">3.00</div>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 28d5ff14-a5c1-42d7-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 08 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">43.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 30 / 2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 498 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 08 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 20.00		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 55ba4afe-f6df-48c8-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 08 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 16.80		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 6d99aacb-5cff-4765-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 7.50	
City Conway	State AR	Zip Code 72034	Transaction ID : 9ff33ee9-84f1-44c8-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 500 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 08 / 2014 </div>	
Mailing Address 202 Rue Des Cajun		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 20.00 </div>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f84493f9-a119-4ada-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 08 / 2014 </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 08 / 2014 </div>	
Mailing Address 202 Rue Des Cajun		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 8.10 </div>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 098efa72-035f-40c4-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 08 / 2014 </div>
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">28.10</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 501 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 08 / 2014		
Mailing Address 2329 Runnymede Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 50.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : c5fae183-4403-4f76-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 08 / 2014		
Mailing Address 407 randall Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 50.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 8461b001-4b69-426c-a Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2014</div> </div>	
Mailing Address 1900 Glen West Way		Amount <div> <div>70.00</div> </div>	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 9947bc5c-b8bf-4c4e-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	106.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1900 Glen West Way		Amount 12.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : e32aa777-b441-432b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 5354c589-c3f3-4be7-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 504 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 08 / 2014		
Mailing Address 220 Doucet Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2.58		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 824c7eea-f96a-44ee-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 08 / 2014		
Mailing Address 1700 E Part Ave			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 45.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 324cd9c3-2975-432b-9 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 47.58		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 30 / 2015	

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : f359a601-2ba0-4e2b-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	136.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 506 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Carla A Wells		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 2013 Woodwind Way		Amount 25.00	
City Van Buren	State NC	Zip Code 72956	Transaction ID : 68a6d2e6-4be7-43e5-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carla A Wells		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 2013 Woodwind Way		Amount 1.80	
City Van Buren	State NC	Zip Code 72956	Transaction ID : 6010ce70-c763-4184-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	26.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 308 West Main Street		Amount 18.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : ff3be0f5-d96c-4e09-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 508 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 308 West Main Street		Amount 102.50	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 67d326fc-7663-4aa0-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : e07fd7f0-30df-4e34-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	182.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 509 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 3007 Darden Rd			Amount 26.70		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 25afdfa4-3fe6-4b7b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 57f67f0c-16c5-4b88-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			106.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 510 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 300 Evangeline St		Amount 55.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : 2ca9f73b-beba-426e-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 300 Evangeline St		Amount 13.50		
City Monroe	State LA	Zip Code 71201	Transaction ID : b3047efb-7838-4df8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		68.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 511 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 300 Evangeline St			Amount 55.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : 7125fe7f-7300-41f3-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 300 Evangeline St			Amount 13.50		
City Monroe	State LA	Zip Code 71201	Transaction ID : 08a6bbaf-534a-400b-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1025 Cayley Ct		Amount 110.00	
City High Point	State NC	Zip Code 27260	Transaction ID : d149d85f-8bd1-4afa-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 1025 Cayley Ct			Amount 22.20		
City High Point	State NC	Zip Code 27260	Transaction ID : 7e678a40-a8dc-47f2-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>132.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 7151 Mullins Drive		Amount 41.10	
City Saltville	State VA	Zip Code 24370	Transaction ID : 20058056-fa74-4583-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 18065 Wayne Rd		Amount 50.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 50421a87-053e-4ea2-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2014</div> </div>	
Mailing Address 1436 Haigs Creek Dr		Amount <div> <div>_____</div> <div>50.00</div> </div>	
City Elgin	State SC	Zip Code 29045	Transaction ID : d87151b9-649a-4256-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 08 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div>001</div> </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other
Calendar Year-To-Date Per Election for Office Sought <div> <div>_____</div> <div>292434.22</div> </div>		District: <u>00</u> State: <u>AR</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 6101 NORA ST		Amount 60.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : fc37cf6b-e539-4e59-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.89
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 517 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">08</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address 6101 NORA ST			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 2.10		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : a4e43a2e-5769-445b-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">08</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">08</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>		
Mailing Address 202 East Park Ave Apt 40			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 40.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 3194faf0-ac76-4dfa-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">08</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 42.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;">2015</div>		

[Electronically Filed]

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1103 West Wilson Street		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 64501e3c-ffc1-4cca-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	76.82
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 519 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 1103 West Wilson Street		Amount 38.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f785da96-0749-4c7b-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 905 Lake Drive		Amount 80.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : e253321f-5053-4e63-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		118.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 520 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 905 Lake Drive			Amount 99999999 36.30		
City Shelby	State NC	Zip Code 28152	Transaction ID : 3a85cd5f-56c7-4aed-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		99999999 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 99999999 40.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 3919e827-6e41-4c68-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		99999999 292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999 76.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999		
(c) TOTAL Independent Expenditures..... ▶			99999999		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 521 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Wayne Burckel			Date of Public Distribution/Dissemination 09 / 08 / 2014		
Mailing Address 46 Glenwood Ave			Amount 20.00		
City Harahan		State LA	Zip Code 70123		Transaction ID : e2490971-33e4-4ac9-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Wayne Burckel			Date of Public Distribution/Dissemination 09 / 08 / 2014		
Mailing Address 46 Glenwood Ave			Amount 0.60		
City Harahan		State LA	Zip Code 70123		Transaction ID : fd53b358-2ebe-4938-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 522 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 9455 Snow Camp Road			Amount 55.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 9b2de397-4578-4627-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014	
Mailing Address 9455 Snow Camp Road			Amount 6.60	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : f36bf174-14dd-4340-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 523 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014
Mailing Address 100 Asbury Ct		Amount 70.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 2322c1fa-cad1-4417-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2014
Mailing Address 100 ASBURY CT		Amount 60.00
City WINCHESTER	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 6d013e6f-31d6-4e36-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : a1c08ce4-7691-42ec-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">130.00</div> <div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 525 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 39c0f734-bea1-4880-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 100 Asbury Ct			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 32b31ca0-0b16-406b-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">120.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 526 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 9033432c-fa34-42c2-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
Disbursement For: 2014		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 4967 Dysartville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 55e6c033-3ad4-4f80-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
Disbursement For: 2014		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 527 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>	
Mailing Address 4967 Dysartsville Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.50</div>	
City Morganton	State NC	Zip Code 28655	Transaction ID : 31a9ec60-304a-436b-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>	
Mailing Address 1410 Bushville Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 4f1671a0-fb80-45a6-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">42.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 528 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1410 Bushville Dr		Amount 10.50	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 76ef4a3c-8faf-4962-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1410 Bushville Dr		Amount 35.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ad35b159-4a58-4141-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 529 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 1410 Bushville Dr			Amount 10.50		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 7c549914-e155-4a6a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mark McNair			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 11 Cooper Lane			Amount 45.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 74eed6e7-cffe-4359-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 530 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Mark McNair			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 11 Cooper Lane			Amount 7.80		
City Conway	State AR	Zip Code 72034	Transaction ID : 1d308a72-f59d-4c67-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 45.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 0bc7d522-c3f7-4742-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 531 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 9.90		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 052fd33b-269e-403f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 924 N. Prieur St			Amount 80.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 902660f0-38b2-42bd-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 532 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 924 N. Prieur St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15.00</div>		
City New Orleans		State LA	Zip Code 70116		Transaction ID : fea15395-0971-4c04-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 8822 Apple St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 89f7f0c3-1f09-4239-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">55.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 533 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 5827 Brighton Pl		Amount 30.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 2562c992-e72d-4da5-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 5827 Brighton Pl		Amount 12.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : f8c65a7a-3139-423e-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 534 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brooke A Gilham		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014	
Mailing Address 168 Graduate Lane Apt 324		Amount 30.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 74a1caed-2360-45d9-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Brooke A Gilham		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014	
Mailing Address 168 Graduate Lane Apt 324		Amount 28.20	
City Boone	State NC	Zip Code 28607	Transaction ID : 74431c00-2def-41b6-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		58.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 01 / 30 / 2015	

Full Name of Payee Jodi Fountain		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 10.80	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : d862adb4-8cda-4f91-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">20.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 536 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 10.00		
City State Zip Code Bogalusa LA 70427		Transaction ID : 5350989d-cc88-45ec-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 10.80		
City State Zip Code Bogalusa LA 70427		Transaction ID : 9a1273c7-6d92-467a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 537 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 30.00		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 094ee878-f8df-4556-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Erin L Hogan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 110 Teresa Lane			Amount 75.00		
City Pocahontas	State AR	Zip Code 72455	Transaction ID : 97455b2a-0438-450a-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 538 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Erin L Hogan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 110 Teresa Lane		Amount 36.30	
City Pocahontas	State AR	Zip Code 72455	Transaction ID : 21a6f258-ce89-427c-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 7ac8772f-0446-4181-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		136.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 539 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 1434 South Avenue			Amount 13.50		
City Eden		State NC	Zip Code 27288		Transaction ID : 350a0a13-06ca-4456-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 50.00		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 78d46be7-9e8f-4147-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 540 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Mailing Address 5330 Nestleway Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.00</div>		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 1731cc42-e107-4b1d-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Mailing Address 12920 Kneeland Ln			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Neosho	State MO	Zip Code 64850	Transaction ID : 411c126e-8987-48a4-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">89.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 541 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 30.60		
City Neosho	State MO	Zip Code 64850	Transaction ID : 3432345f-db8a-4a3e-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 106 Hillside St			Amount 85.00		
City Spindale	State NC	Zip Code 28160	Transaction ID : 9a7e3b72-cc88-4d89-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 542 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 106 Hillside St			Amount 31.29		
City Spindale	State NC	Zip Code 28160	Transaction ID : a6bdca73-b6e4-43cf-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 50.00		
City New Bern	State NC	Zip Code 28560	Transaction ID : 4e575e94-3660-4d19-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.29		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 543 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 160 #50 Pompano Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 6.99		
City New Bern	State NC	Zip Code 28560	Transaction ID : a6516f25-9c0c-4869-9 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <div style="border-bottom: 1px solid black; width: 40px;"></div> 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <div style="border-bottom: 1px solid black; width: 40px;"></div> NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Morgan E Hallenbeck			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 3790 Christian Light Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 50.00		
City Fuquay Varina	State NC	Zip Code 27526	Transaction ID : 35775ce6-2aa1-4877-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <div style="border-bottom: 1px solid black; width: 40px;"></div> 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <div style="border-bottom: 1px solid black; width: 40px;"></div> NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 56.99		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <div style="border-top: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 01 / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 30 / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 2015		
Ms. Emily Buchanan			[Electronically Filed]		

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 50.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 6044592f-959b-4d27-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 545 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 25.20	
City Bakersville	State NC	Zip Code 28705	Transaction ID : abca879b-c772-4375-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 905 Lake Drive		Amount 51.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 8f88da1a-ff65-4555-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	76.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 546 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 905 Lake Drive		Amount 37.35		
City Shelby	State NC	Zip Code 28152	Transaction ID : 40d7c8b0-e978-437e-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 44 Bell Street Ext		Amount 70.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 2bd21a09-bef3-4653-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		107.35		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 547 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 44 Bell Street Ext			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">31.80</div>		
City State Zip Code Spruce Pine NC 28777		Transaction ID : 15fa9dd7-e726-41f5-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>			
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 307 Farris Rd Apt 1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">45.00</div>		
City State Zip Code Conway AR 72034		Transaction ID : 14b27daf-a6d2-4ffb-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>			
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">76.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 548 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 307 Farris Rd Apt 1			Amount 6.60		
City Conway	State AR	Zip Code 72034	Transaction ID : 52bb8e51-a627-40eb-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 307 Farris Rd Apt 1			Amount 45.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 2f404e5d-94c8-4f6b-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 549 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 6.60	
City Conway	State AR	Zip Code 72034	Transaction ID : f5cc2721-9871-4bf8-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 25.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 407bd9d4-2979-4baa-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		31.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 550 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 404 Chancery Park Ct			Amount 4.50		
City Kernersville	State NC	Zip Code 27284	Transaction ID : 8eda92a0-d772-4eaa-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 3 Girard			Amount 90.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 3ad03ce4-2069-43fe-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 551 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 3 Girard			Amount 10.50		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : a9147376-465d-47f0-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 543 S 2nd St			Amount 60.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 3e7c719a-bb1c-4f2c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 543 S 2nd St		Amount 9.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : fa553b58-ccae-4c25-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 18.70	
City Conway	State AR	Zip Code 72034	Transaction ID : 951a92ad-3a2e-4614-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	27.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Carla A Wells			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 2013 Woodwind Way			Amount 50.00		
City Van Buren	State NC	Zip Code 72956	Transaction ID : f7a568d7-2835-4e8d-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.82
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 554 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carla A Wells			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 2013 Woodwind Way			Amount 10.50		
City Van Buren	State NC	Zip Code 72956	Transaction ID : c124898c-6c11-4731-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Amber M Gregory			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 1710 Elfen Glen St Apt 114B			Amount 50.00		
City Van Buren	State AR	Zip Code 72956	Transaction ID : 2bbfd969-1882-496f-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 555 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address Split Oak Drive			Amount 52.50		
City charlotte	State NC	Zip Code 28227	Transaction ID : 71c36b08-dbaa-4f51-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address Split Oak Drive			Amount 15.63		
City charlotte	State NC	Zip Code 28227	Transaction ID : b51a61e7-4a1e-4338-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.13		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 75.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : b7a3d517-0d30-474a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	175.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 557 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Marion Anderson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>		
Mailing Address 607 Chickadee St Apt 8			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 676f9c8f-bf8e-4c9e-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mattie F Grant			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>		
Mailing Address 1700 N Hughes St Apt 17			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Little Rock		State AR	Zip Code 72207		Transaction ID : 27e4fa25-eae4-4680-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 558 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 110 W Pecan St			Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f6645bca-bfc7-400a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 110 W Pecan St			Amount 36.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ed53cca7-799f-41da-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			86.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 559 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 60.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 8b616746-f7f8-49bf-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 36.81	
City Elgin	State SC	Zip Code 29045	Transaction ID : 379513a0-1a37-4a5b-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	96.81
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 18065 Wayne Rd		Amount 60.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : b5a45a10-dad3-4221-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 50.00	
City Conway	State AR	Zip Code 72034	Transaction ID : fd0f71ee-83bf-41f6-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right;">110.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 561 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 9.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 0b846797-afcf-4034-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tracy M Hargett		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 5133 Lord Bryon Road		Amount 60.00	
City Wilmington	State NC	Zip Code 28405	Transaction ID : e2192e45-ffeb-444b-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		69.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 562 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>		
Mailing Address 5133 Lord Bryon Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17.40</div>		
City Wilmington		State NC	Zip Code 28405		Transaction ID : a8fb54e1-cdde-4608-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>		
Mailing Address 345 Auroura Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City Metairie		State LA	Zip Code 70006		Transaction ID : b2724626-5487-46cd-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">77.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 563 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 345 Auroura Ave			Amount 7.44		
City Metairie	State LA	Zip Code 70006	Transaction ID : a695154c-d6db-4f48-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 30.00		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 89ad062d-2c8d-4ae3-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.44		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 3300 Asher Ave			Amount 9.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : d56fd746-79cf-4fe7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 565 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 60.00		
City College Grove		State TN	Zip Code 37046		Transaction ID : 3c88f939-5a1d-4ad1-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 506 N Horton Street			Amount 60.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 21ae5e89-db29-46a0-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 566 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>		
Mailing Address 506 N Horton Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">34.20</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 9b0c3189-7c36-4dc0-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>		
Mailing Address 9909 Treasure Hill Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 1445eda1-cd24-4f1d-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 09 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">44.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 567 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 09 / 09 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">2.70</div>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : e2b85673-cd38-4d55-b
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 09 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">90.00</div>		
City Sterling		State VA	Zip Code 20165		Transaction ID : f49bf824-6d68-4fad-9
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">92.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 568 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 2a244af3-e59f-47b1-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 220 Doucet Rd		Amount 2.22	
City Lafayette	State LA	Zip Code 70503	Transaction ID : c8c5a440-f90e-498d-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 569 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Kristen S Moore			Date of Public Distribution/Dissemination 09 / 09 / 2014	
Mailing Address 42 Oak Creek Drive			Amount 40.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 7f0de446-84e2-4c09-b Date of Disbursement or Obligation 09 / 09 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Kristen S Moore			Date of Public Distribution/Dissemination 09 / 09 / 2014	
Mailing Address 42 Oak Creek Drive			Amount 4.20	
City Conway	State AR	Zip Code 72032	Transaction ID : 5684c770-3f53-4e8d-b Date of Disbursement or Obligation 09 / 09 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 2506 Bolch Street		Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 55848842-a9ae-488e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 2506 Bolch Street		Amount 12.60	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 4ad56284-739a-40bc-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	72.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 571 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 205 Medallion Circle			Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 80c56f28-6e7e-4c7f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 205 Medallion Circle			Amount 33.60	
City Shreveport	State LA	Zip Code 71119	Transaction ID : f43b1d1c-768b-4312-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1900 Glen West Way		Amount 10.50	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : f18a296f-4dd1-44e4-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>45.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

Full Name of Payee Sandra L Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 25.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 89c3efcc-3c86-4f9d-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1103 West Wilson Street		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 4f656788-5b50-4645-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 45.00	
City Conway	State AR	Zip Code 72032	Transaction ID : e14e16e4-7e7e-4523-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 0388f881-80ce-4e27-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 577 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 3007 Darden Rd			Amount 27.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : e2c238ac-4a2d-4b43-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 744e9bee-d99e-40f5-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 578 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 111 Westchester Blvd Apt D4			Amount 99 50.00	
City Slidell State LA Zip Code 70458		Transaction ID : 96ab1dfe-98bd-4dd5-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		99 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 308 West Main Street			Amount 99 92.50	
City Plot Mountain State NC Zip Code 27041		Transaction ID : ed2ed258-46d1-42d2-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		99 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99 142.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99	
(c) TOTAL Independent Expenditures..... ▶			99	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 308 West Main Street		Amount 25.80	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 4c4fee14-ae0-440e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	118.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 580 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 09 / 2014 </div>		
Mailing Address 3110 Brentwood Rd			Amount <div style="border: 1px solid black; padding: 2px;"> 45.00 </div>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : fb8f77be-e895-41f4-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 09 / 2014 </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1095959.94</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 09 / 2014 </div>		
Mailing Address 3110 Brentwood Rd			Amount <div style="border: 1px solid black; padding: 2px;"> 17.70 </div>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : e59dabc2-060e-4161-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 09 / 2014 </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1095959.94</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">62.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 581 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 1700 E Part Ave			Amount 47.50		
City Searcy	State AR	Zip Code 72149	Transaction ID : e8ee24eb-6786-42bd-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 1700 E Part Ave			Amount 42.90		
City Searcy	State AR	Zip Code 72149	Transaction ID : 553e7aad-583d-491c-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 582 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 2565 Shire Circle			Amount 25.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : c19227bd-072c-41d4-9 Date of Disbursement or Obligation 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 1025 Cayley Ct			Amount 80.00		
City High Point	State NC	Zip Code 27260	Transaction ID : 31e02960-88b4-4148-b Date of Disbursement or Obligation 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 1025 Cayley Ct		Amount 90.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 3868b33c-d6a5-4703-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	108.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 584 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 1025 Cayley Ct			Amount 21.30		
City High Point		State NC	Zip Code 27260		Transaction ID : ff993d8f-5298-4552-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 09 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 4902 Catawba Dr			Amount 30.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : e6e45d84-1c94-4b47-a
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 09 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 585 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 4902 Catawba Dr			Amount 14.70		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 25a30f00-74ec-4cea-a Date of Disbursement or Obligation 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 6101 NORA ST			Amount 60.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : c3899bfc-8d13-43bf-b Date of Disbursement or Obligation 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 586 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 6101 NORA ST			Amount 2.10		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 11e7f40a-7457-4f86-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 60.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : fe142110-6fd9-4975-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 44 Bell St		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 04d59c8e-b21c-4017-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	60.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 588 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination MM / MM / YYYY 09 / 09 / 2014		
Mailing Address 44 Bell St			Amount 25.20		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : e9d20c9e-ca3b-4585-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / MM / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / MM / YYYY 09 / 09 / 2014		
Mailing Address 7151 Mullins Drive			Amount 60.00		
City Saltville		State VA	Zip Code 24370		Transaction ID : 378c7534-c163-459d-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / MM / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / MM / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 589 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 7151 Mullins Drive			Amount 27.00		
City Saltville		State VA	Zip Code 24370		Transaction ID : ab5de41b-6ae1-48c3-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 100 Asbury Ct			Amount 60.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 8eb36e26-ec4f-4482-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 590 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 100 ASBURY CT		Amount 60.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 55dc1c46-fb46-4bd0-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 100 Asbury Ct		Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 434c0ca6-883f-4ee8-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 591 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 100 Asbury Ct		Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 597f63b5-beaa-49e4-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : cb6b18f6-e733-4b75-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 592 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014
Mailing Address 9455 Snow Camp Road		Amount 60.00
City Snowcamp	State NC	Zip Code 27349
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : a8b79568-6eae-48ce-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014
Mailing Address 9455 Snow Camp Road		Amount 7.20
City Snowcamp	State NC	Zip Code 27349
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 1f6e3352-ce2a-4ff5-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	67.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 593 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 35.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : 2c1e5448-455d-4e15-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 27.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : 438548f5-4b90-4b5a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 594 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2357 Fancy Cap Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">90.00</div>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 0882cd4a-3a52-4bf3-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2357 Fancy Cap Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">34.95</div>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 9eb7933f-765d-467b-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">124.95</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div> [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 595 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 50.00		
City Charolette	State NC	Zip Code 28215	Transaction ID : b717cc5c-30d6-45d5-9 Date of Disbursement or Obligation 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 40.50		
City Charolette	State NC	Zip Code 28215	Transaction ID : 534ad466-d330-4809-b Date of Disbursement or Obligation 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 596 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 448 Judson Dr			Amount 22.50		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 4695b15a-2bb6-4e41-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 448 Judson Dr			Amount 3.30		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 553e4196-8ca2-4a47-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 597 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 50.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 47cfe4d4-4f1a-4c7c-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 10.80		
City Mandeville	State LA	Zip Code 70471	Transaction ID : b25edfdd-3340-4d5e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address P.O. Box 712		Amount 15.90	
City Alexander	State AR	Zip Code 72002	Transaction ID : 7f4a1655-9950-4b4d-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		95.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 599 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Trent Minner			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 2000 W University St			Amount 40.00		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : a2dab13d-1692-4797-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 09 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Trent Minner			Date of Public Distribution/Dissemination 09 / 09 / 2014		
Mailing Address 2000 W University St			Amount 30.30		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : a666f594-0c56-4ecd-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 09 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 600 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 42.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 4b597ae3-9413-46c1-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 12.60	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 79e39fb3-8f3a-4bcf-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	55.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 601 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 10 / 2014</div> </div>	
Mailing Address 5510 Dogwood Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 22f1d5ad-3ee8-4b49-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 10 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 10 / 2014</div> </div>	
Mailing Address 5510 Dogwood Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.42</div>	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : f79eca86-78c0-4872-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 10 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">34.42</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 602 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 25.00		
City Rural Hall		State NC	Zip Code 27045		Transaction ID : ee2d9451-848b-4ee5-b Date of Disbursement or Obligation 09 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 3 Girard			Amount 40.00		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 7506af62-3eed-4796-8 Date of Disbursement or Obligation 09 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 603 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 3 Girard			Amount 5.10		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : f2251b76-1b3f-43d1-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 105 South Dale St			Amount 45.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : ca3a3b27-281a-4308-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 604 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 105 South Dale St			Amount 17.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 92434b23-bac8-44aa-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 105 South Dale St			Amount 45.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 56eab971-4fd5-4f58-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Aaron W Heien		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 1730 Sweetspire dr		Amount <div> <div>Amount</div> <div>54.60</div> </div>	
City Conway	State AR	Zip Code 72032	Transaction ID : bef5baea-a16e-46d0-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	144.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 211 Pearl St		Amount 13.86	
City Drexel	State NC	Zip Code 28619	Transaction ID : c490ae55-e311-40e2-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.86
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 607 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Loretta D Nelsen			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 5453 Wyandotte Dr			Amount 23.30		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : 2ff680a1-5f9b-4d2b-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Loretta D Nelsen			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 5453 Wyandotte Dr			Amount 2.70		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : 84b5266f-b158-445c-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015 <i>[Electronically Filed]</i>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 608 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 282 Falls Ave			Amount 30.00		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 5206b3f3-7f4f-4dce-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 282 Falls Ave			Amount 16.50		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : d16081f5-1caf-4a10-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 5827 Brighton Pl		Amount 30.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 8b8f7e8e-215b-4cde-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 554635.78		District: 00 State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014	

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 5827 Brighton Pl		Amount 12.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 9933c16d-40f7-460f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital display units are shown, each with a 4-digit display. The first unit shows '01' under 'MM' (Months). The second unit shows '30' under 'DD' (Days). The third unit shows '2015' under 'YYYY' (Years).

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 610 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address Split Oak Drive		Amount 45.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 2968f25d-2b9b-4101-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address Split Oak Drive		Amount 15.60	
City charlotte	State NC	Zip Code 28227	Transaction ID : 103da99a-1134-4734-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 611 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 6412 Osage Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75.00</div>		
City North Little rock		State AR	Zip Code 72116		Transaction ID : f1b986c2-dbf6-42d0-9
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 3205 Pebble Beach Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2.70</div>		
City Conway		State AR	Zip Code 72034		Transaction ID : 9e30f9d9-3324-4ec1-a
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">77.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		

Full Name of Payee Chad E Day		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 168 Emerald Hill		Amount 70.00	
City Forest City	State NC	Zip Code 28043	Transaction ID : 754ec284-9584-41b7-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.03
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 613 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Erin L Hogan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 110 Teresa Lane			Amount 70.00		
City Pocahontas	State AR	Zip Code 72455	Transaction ID : 4b4c0db9-2ec1-4ca8-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Erin L Hogan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 110 Teresa Lane			Amount 33.90		
City Pocahontas	State AR	Zip Code 72455	Transaction ID : a85f90cf-8b47-4f25-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 614 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kristen S Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 42 Oak Creek Drive		Amount 110.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 85d2b8ec-a5eb-45b4-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kristen S Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 42 Oak Creek Drive		Amount 19.20	
City Conway	State AR	Zip Code 72032	Transaction ID : 26e3d444-07c1-4894-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	129.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 300 Evangeline St		Amount <div> <div>Amount</div> <div>60.00</div> </div>	
City Monroe	State LA	Zip Code 71201	Transaction ID : 7ea54358-3d9f-47a5-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1652 1364 1659"> <tr><td>170.00</td></tr> </table>	170.00
170.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1659 1364 1663"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1663 1364 1671"> <tr><td></td></tr> </table>	

Signature

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 300 Evangeline St		Amount <div> <div>MM / DD / YYYY</div> <div>15.00</div> </div>	
City Monroe	State LA	Zip Code 71201	Transaction ID : cead1107-c830-4194-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type <div> <div>MM / DD / YYYY</div> <div>002</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>MM / DD / YYYY</div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Tatro		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1208 Braeburn Rd		Amount 60.00	
City Charlotte	State NC	Zip Code 28211	Transaction ID : 63db4f4a-4e49-45f2-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 617 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 1208 Braeburn Rd			Amount 5.10		
City Charlotte	State NC	Zip Code 28211	Transaction ID : f9e34fa3-ea91-495c-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 106 Hillside St			Amount 77.50		
City Spindale	State NC	Zip Code 28160	Transaction ID : 9ac0a5b1-f796-4210-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 618 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 106 Hillside St			Amount 37.20		
City Spindale	State NC	Zip Code 28160	Transaction ID : 29b88d75-95fb-4927-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Mattie F Grant			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 1700 N Hughes St Apt 17			Amount 80.00		
City Little Rock	State AR	Zip Code 72207	Transaction ID : b50816b7-0f50-4331-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			117.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 619 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Morgan E Smith			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 900 Bramblegate Rd			Amount 23.30		
City Hope Mills	State NC	Zip Code 28348	Transaction ID : e3ee349c-2ab4-4a37-b Date of Disbursement or Obligation 09 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 65.00		
City Greensboro	State NC	Zip Code 27410	Transaction ID : aada2546-c560-4f35-a Date of Disbursement or Obligation 09 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 620 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 3315 Cardinal Ridge Rd			Amount 32.40	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 001c0894-e9c3-4e75-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 900 Bramblegate Rd			Amount 40.00	
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 21cd5709-1c2e-42ef-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 621 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 900 Bramblegate Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.30</div>		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : 1159743e-f7f1-4875-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 307 Farris Rd Apt 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City Conway		State AR	Zip Code 72034		Transaction ID : 7e8feaea-6125-440c-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">49.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 622 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 307 Farris Rd Apt 1			Amount 7.50	
City Conway	State AR	Zip Code 72034	Transaction ID : 964e9ec8-6410-43ff-9 Date of Disbursement or Obligation 09 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 6108 Harkins Ave			Amount 50.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : edd397e6-6d59-433b-8 Date of Disbursement or Obligation 09 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 623 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 6108 Harkins Ave			Amount 14.40		
City Little Rock		State AR	Zip Code 72210		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 652d075d-c101-4aac-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 30.00		
City Oak Creek		State WI	Zip Code 53154		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 16d011b0-bb2a-46f5-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 624 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1410 Bushville Dr			Amount 35.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 35f244d0-7c96-404b-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1410 Bushville Dr			Amount 12.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : bfcf72c8-2bf5-43c0-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 625 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Trent Minner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 2000 W University St			Amount 25.00		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : baff1fde-886c-457d-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Trent Minner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 2000 W University St			Amount 7.20		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 4b389223-b776-48e0-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 626 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 905 Lake Drive		Amount 70.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 80eb1679-55df-4be1-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 905 Lake Drive		Amount 5.70	
City Shelby	State NC	Zip Code 28152	Transaction ID : 8d0a9c40-5716-4c45-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 924 N. Prieur St		Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : a45075ce-5e98-4dfb-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">120.00</div> <div style="border-top: 1px dashed black; height: 15px; margin-top: 5px;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px dashed black; height: 15px; margin-top: 5px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px dashed black; height: 15px; margin-top: 5px;"></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 628 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 924 N. Prieur St			Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : cf11eb02-2330-405b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 8822 Apple St			Amount 50.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 65129dae-3f0a-48ed-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			65.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 629 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 345 Auroura Ave			Amount 50.00		
City Metairie	State LA	Zip Code 70006	Transaction ID : 7ca7a9f8-aa1d-4a88-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 345 Auroura Ave			Amount 6.36		
City Metairie	State LA	Zip Code 70006	Transaction ID : 997f2b64-be33-412e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.36		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 448 Judson Dr		Amount 37.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 4582d671-c610-4586-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	107.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 631 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 448 Judson Dr		Amount 5.70	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : ae5e4f12-2e47-4e5e-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 60.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 492031e2-7d67-4ca2-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 632 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 27.90	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 2524eac8-1ee2-459d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 2565 Shire Circle		Amount 35.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : cd7ffe79-e8b4-49b2-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 633 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address P.O. Box 712			Amount 90.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : 3a8f97b2-14f0-480d-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address P.O. Box 712			Amount 56.40		
City Alexander		State AR	Zip Code 72002		Transaction ID : 8a1e14e1-6cc5-479f-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			146.40		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 634 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 44 Bell Street Ext		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 97f0e813-1624-458e-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 44 Bell Street Ext		Amount 27.90	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : ed36eea4-27bb-4d1a-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 635 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 105.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e208fbee-e3c9-422d-8 Date of Disbursement or Obligation 09 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 39.24		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 7fa1c07c-36f2-4a1a-a Date of Disbursement or Obligation 09 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			144.24		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 636 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 4006 Wolkswalk Place			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">33.00</div>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 7a73900d-c85d-466a-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 4006 Wolkswalk Place			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.20</div>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : e625e83e-54ff-41af-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 637 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jacob L Colbert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 49 Sharon Circle		Amount 20.00	
City Greenbrier	State AR	Zip Code 72058	Transaction ID : d0530e4b-48b7-45e1-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jacob L Colbert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 49 Sharon Circle		Amount 15.60	
City Greenbrier	State AR	Zip Code 72058	Transaction ID : fa8d677a-3410-4dd0-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 638 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 112 apache Dr		Amount 45.00	
City Search	State AR	Zip Code 72149	Transaction ID : 554ced59-6d56-45ae-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 112 apache Dr		Amount 22.50	
City Search	State AR	Zip Code 72149	Transaction ID : 6689be8f-a21d-4ceb-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 639 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 65.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 49a480d8-6f26-43af-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 42.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 90fb727a-8447-4e60-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	107.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 640 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Brenda L Dawson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014
Mailing Address 6021 General Samuel Rd		Amount 13.00
City Jacksonville	State AR	Zip Code 72076
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : bbb36780-9b51-4a41-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Brenda L Dawson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014
Mailing Address 6021 General Samuel Rd		Amount 4.80
City Jacksonville	State AR	Zip Code 72076
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d1a92182-3649-401c-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 641 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Richard Michalski		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>10</div><div>2014</div></div>	
Mailing Address 3939 Gentilly Blvd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>	
City New Orleans	State LA	Zip Code 70126	Transaction ID : dce07892-72a6-41e4-a Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>10</div><div>2014</div></div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Richard Michalski		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>10</div><div>2014</div></div>	
Mailing Address 3939 Gentilly Blvd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.00</div>	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 9415dca6-3198-4a05-b Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>10</div><div>2014</div></div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">43.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div> <div>Amount</div> <div>50.00</div> </div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 4379efb7-e61f-49e9-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: 5px;">150.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 643 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 9.60		
City Mandeville	State LA	Zip Code 70471	Transaction ID : c3a3207e-8176-460e-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 110 W Pecan St			Amount 65.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 22070d6a-9046-4134-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			74.60		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee David M Bozeman		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 768 Pine Haven Drive		Amount 15.00	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : ef54ac5f-7f68-4b0e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 645 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee David M Bozeman			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 768 Pine Haven Drive			Amount 3.00		
City Fayetteville	State NC	Zip Code 28306	Transaction ID : d5a11830-7468-4a5d-a Date of Disbursement or Obligation 09 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 5133 Lord Bryon Road			Amount 60.00		
City Wilmington	State NC	Zip Code 28405	Transaction ID : 65c3e0ba-ad2e-4423-8 Date of Disbursement or Obligation 09 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 646 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 5133 Lord Bryon Road			Amount 18.30	
City Wilmington	State NC	Zip Code 28405	Transaction ID : 29417f44-0f4a-4308-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1434 South Avenue			Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : af64f70f-4b84-4d94-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
City	State	Zip Code	<div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	<div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Name of Federal Candidate		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Mr. Mark L Pryor		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>42.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Clay A McCreary		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1762 Orchard Drive		Amount 40.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 05ed6d18-3018-40dc-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.16
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 649 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Clay A McCreary		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1762 Orchard Drive		Amount 28.50	
City Lenoir	State NC	Zip Code 28645	Transaction ID : b5e363b6-5376-4d46-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Brooke A Gilham		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 168 Graduate Lane Apt 324		Amount 85.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 1fd0daea-3a0b-4848-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		113.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 650 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y . . / . . / </div>	

Full Name of Payee Brooke A Gilham			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 10 / 2014 </div>		
Mailing Address 168 Graduate Lane Apt 324			Amount <div style="border: 1px solid black; padding: 2px;"> 33.60 </div>		
City Boone	State NC	Zip Code 28607	Transaction ID : fb2cf492-f9b8-43c3-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 10 / 2014 </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 1095959.94 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 10 / 2014 </div>		
Mailing Address 121 Meadowview Drive			Amount <div style="border: 1px solid black; padding: 2px;"> 20.00 </div>		
City Boone	State NC	Zip Code 28607	Transaction ID : 3e0719b7-d7f4-4586-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 10 / 2014 </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 1095959.94 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> 53.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 651 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 121 Meadowview Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.60</div>		
City Boone		State NC	Zip Code 28607		Transaction ID : 7734470c-78f6-4df7-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 9b40c5e1-b535-45ee-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">90.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 652 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">13.50</div>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 68c77b69-edef-4c56-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>		
Mailing Address 111 Westchester Blvd Apt D4			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">50.00</div>		
City Slidell		State LA	Zip Code 70458		Transaction ID : b6d35166-476d-49fe-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">63.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 653 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 75.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 6aecb33b-401c-4f5e-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 39.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 0079d89f-2f28-4ba1-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	114.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 654 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 105.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d44cea19-fd39-4111-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 39.24		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : b5acb63e-84a9-46b6-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			144.24		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 655 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Shanon Snyder		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 2701 Winifred		Amount 80.00		
City Metairie	State LA	Zip Code 70003	Transaction ID : b082b7be-dcdf-40cb-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Shanon Snyder		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 2701 Winifred		Amount 10.50		
City Metairie	State LA	Zip Code 70003	Transaction ID : 35d75397-cca9-4f51-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		90.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 656 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 220 Doucet Rd		Amount 30.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 7d402887-a1dc-4424-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.30	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 061aa5c1-02c8-4ab3-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 804 Roundabout Circle		Amount 80.00	
City	State	Zip Code	Transaction ID : 91593ac9-e888-4d32-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">130.00</div> <div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 658 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dwayne G Johnson			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 1700 N Hughes St Apt 17			Amount 80.00		
City Little Rock		State AR	Zip Code 72207		Transaction ID : 636ae9b9-4ee3-4dfc-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Dwayne G Johnson			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 1700 N Hughes St Apt 17			Amount 43.50		
City Little Rock		State AR	Zip Code 72207		Transaction ID : e5e2b83f-8965-42ed-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			123.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Kaitlyn B Morgan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 2121 Daniel Dr		Amount 80.00	
City	State	Zip Code	Transaction ID : afcc1d98-5552-47b9-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 6101 NORA ST		Amount 65.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 0614edea-7423-4281-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	124.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 661 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 6101 NORA ST			Amount 2.40		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 46a3aaf0-b303-434f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 1025 Cayley Ct			Amount 75.00		
City High Point	State NC	Zip Code 27260	Transaction ID : 5c9fa18a-b548-4b72-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 10 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 662 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1025 Cayley Ct		Amount 17.70	
City High Point	State NC	Zip Code 27260	Transaction ID : 7a5a45a7-555b-4b9c-b
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1025 Cayley Ct		Amount 40.00	
City High Point	State NC	Zip Code 27260	Transaction ID : d402b534-cc35-4a0c-9
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 4902 Catawba Dr		Amount 40.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : a46269c4-1404-41b7-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	54.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 7 Bards Lane		Amount 25.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 801cc59d-50d9-4f81-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>		
Mailing Address 10112 Piney Creek Ct			Amount <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>		
City Charolette	State NC	Zip Code 28215	<div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	<div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 666 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014	
Mailing Address 308 West Main Street		Amount 112.50	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : e498baf7-43e7-448a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014	
Mailing Address 308 West Main Street		Amount 27.51	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 8ad61f57-4b46-49bc-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140.01	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 667 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 308 West Main Street		Amount 112.50	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 7c84eec0-7c2c-4a10-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 80.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : def39820-7458-42ff-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	192.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Sarinda S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 70.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 8dade6ca-2e7c-4274-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 669 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 4367 Splitlog Rd			Amount 25.20	
City Goodman	State MO	Zip Code 64843	Transaction ID : 2af223cd-8a36-48d5-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 1410 Bushville Dr			Amount 40.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 12f2ece0-da69-4e1f-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	65.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 670 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 3007 Darden Rd		Amount 102.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 4f98b01f-ac53-4bac-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 3007 Darden Rd		Amount 34.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d6c6aca8-dea0-4cdc-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	137.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 3007 Darden Rd		Amount 102.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6cb11a53-d221-4460-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
1095959.94			

Full Name of Payee Adrian Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 4367 Split Log Rd		Amount 70.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : da61dc00-0725-4233-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	172.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 672 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 80.00		
City Conway	State AR	Zip Code 72032	Transaction ID : 8e84f022-5173-4f9c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014		
Mailing Address 1700 E Part Ave			Amount 45.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 5ef2feab-db13-419c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 673 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 1700 E Part Ave			Amount 31.74		
City Searcy		State AR	Zip Code 72149		Transaction ID : 6a38d975-85f8-4b1a-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 09 / 10 / 2014		
Mailing Address 407 randall Dr			Amount 70.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 94807683-e038-4bce-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.74		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>	
Mailing Address 407 randall Dr		Amount <div> <div>51.00</div> </div>	
City	State	Zip Code	Transaction ID : f9133c7e-4079-45b6-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 10 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 1900 Glen West Way		Amount 35.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 170b092d-3d9d-42a6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 676 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 1410 Bushville drive			Amount 110.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8853005e-370e-42fb-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 09 / 10 / 2014	
Mailing Address 9455 Snow Camp Road			Amount 55.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 4ad75438-b665-43d9-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			165.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 677 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 9.60	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 3b97adee-89fd-4629-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 60.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 9f8e791c-83e3-4ce7-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		69.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 678 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Mark McNair			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 11 Cooper Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.00</div>		
City Conway		State AR	Zip Code 72034		Transaction ID : 9f18a37e-28b7-4b48-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 4967 Dysartville			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 86998e21-c1b4-4156-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 679 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 80.00		
City Morganton		State NC	Zip Code 28655		Transaction ID : 8378b33b-3981-4c41-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 6.60		
City Morganton		State NC	Zip Code 28655		Transaction ID : 27bb20e1-f5cc-4e9b-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 680 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y 09 / 11 / 2014 </div>	
Mailing Address 5330 Nestleway Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 30.00 </div>	
City Clemmons	State NC	Zip Code 27012	Transaction ID : dcf9039b-8437-4341-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014 </div>
Purpose of Expenditure Salary		Category/ Type	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 001 </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1095959.94 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014 </div>	
Mailing Address 5330 Nestleway Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 3.60 </div>	
City Clemmons	State NC	Zip Code 27012	Transaction ID : c7a52345-c062-4df4-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014 </div>
Purpose of Expenditure Mileage		Category/ Type	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 002 </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1095959.94 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 33.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 33.60 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 681 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee David M Bozeman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014		
Mailing Address 768 Pine Haven Drive		Amount 5.00		
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 843f0474-6c1a-4c93-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014		
Mailing Address 102 S Main Street Apt A2		Amount 60.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : c57e125c-320a-4759-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 682 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 09 / 2014</div>		
Mailing Address 312 S Gunter St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">20.00</div>		
City State Zip Code Siloam Springs AR 72761		Transaction ID : 576d5d86-59ca-4de2-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 09 / 2014</div>			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 09 / 2014</div>		
Mailing Address 312 S Gunter St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">3.30</div>		
City State Zip Code Siloam Springs AR 72761		Transaction ID : becca141-1e1c-4b85-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 09 / 2014</div>			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">23.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 30 / 2015</div>		

Full Name of Payee Mark McNair		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 11 Cooper Lane		Amount 30.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 9ad82f3f-8bf8-44ea-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mark McNair		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 11 Cooper Lane		Amount 5.10	
City Conway	State AR	Zip Code 72034	Transaction ID : 358a6b90-6320-4e27-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Mary Frank		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 14 Ramblewood Drive		Amount 1.20	
City Covington	State LA	Zip Code 70435	Transaction ID : 4950579f-6844-4257-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 685 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 50.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 4a089c0e-91fc-4170-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 12.90	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 85332114-80d1-4d5b-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	62.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 686 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Dwayne C Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 900 Bramblegate Rd		Amount 10.00		
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 5823c429-f683-4121-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Dwayne C Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 900 Bramblegate Rd		Amount 3.60		
City Hope Mills	State NC	Zip Code 28348	Transaction ID : c09e5bc6-36c7-4ee3-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		13.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Warren Gravois		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 16005 7th St		Amount 1.35	
City Pearlington	State MS	Zip Code 39572	Transaction ID : a4238791-f5d7-4ab2-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.35
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 688 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address Split Oak Drive			Amount 57.50		
City charlotte		State NC	Zip Code 28227		Transaction ID : c220b91e-3ac9-4992-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address Split Oak Drive			Amount 18.30		
City charlotte		State NC	Zip Code 28227		Transaction ID : aaed6be8-485e-4ba8-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 689 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 115.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 320610ce-151f-4906-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 29.10		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 17f8c342-000a-4f87-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			144.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 690 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 105 South Dale St			Amount 70.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : ca50c3c6-5ce7-4291-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Chad E Day			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 168 Emerald Hill			Amount 77.50		
City Forest City	State NC	Zip Code 28043	Transaction ID : 48398bea-dc12-42f1-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			147.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 691 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 105 South Dale St			Amount 70.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 6370e224-1568-4c38-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 50.00		
City Bakersville		State NC	Zip Code 28705		Transaction ID : afda392d-946a-434b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 692 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 26.10		
City Bakersville	State NC	Zip Code 28705	Transaction ID : d2a6e39d-c797-4830-a Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 44 Bell Street Ext			Amount 50.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : db1ce037-0103-45a8-a Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 693 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 44 Bell Street Ext			Amount 25.80		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 82c96f8f-5ef1-4e79-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 106 Hillside St			Amount 87.50		
City Spindale	State NC	Zip Code 28160	Transaction ID : ac7680ab-2464-4c08-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 694 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 106 Hillside St		Amount 39.66	
City Spindale	State NC	Zip Code 28160	Transaction ID : ac77a059-b1fb-41f6-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tracy M Hargett		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 5133 Lord Bryon Road		Amount 45.00	
City Wilmington	State NC	Zip Code 28405	Transaction ID : aa6e57ff-5206-42ac-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		84.66	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 695 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 5133 Lord Bryon Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.40</div>		
City Wilmington		State NC	Zip Code 28405		Transaction ID : 8d4c96c7-2b1a-4d7a-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 6610 Walcott Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>		
City Paragoud		State AR	Zip Code 72450		Transaction ID : 44c5d280-f55b-461b-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">90.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 696 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 6610 Walcott Rd			Amount 67.50	
City Paragoud	State AR	Zip Code 72450	Transaction ID : 824843f8-559f-455d-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 40.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : d0d567e7-387d-41b8-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			107.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>		
Mailing Address 3 Girard			Amount <div> <div>Amount</div> <div>50.00</div> </div>		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 28dd79af-cf63-484f-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 698 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 3 Girard		Amount 12.00
City Fort Smith	State AR	Zip Code 72901
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 9efda11d-05e5-4e9b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 102 S Main Street Apt A2		Amount 80.00
City Berryville	State VA	Zip Code 22611
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 7ea00690-a4ba-4bed-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 699 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 3 Girard St			Amount 20.00		
City State Zip Code Ft Smith AR 72901		Transaction ID : 621a769e-4718-4187-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 3 Girard St			Amount 0.90		
City State Zip Code Ft Smith AR 72901		Transaction ID : 8c3ebcad-90f5-4d39-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 282 Falls Ave		Amount 14.40	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : c131b01c-597e-423c-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 701 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Brooke A Gilham			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 168 Graduate Lane Apt 324			Amount 80.00		
City Boone	State NC	Zip Code 28607	Transaction ID : ae501e5c-3523-4b70-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Brooke A Gilham			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 168 Graduate Lane Apt 324			Amount 36.90		
City Boone	State NC	Zip Code 28607	Transaction ID : bc815a97-db08-4e86-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	116.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 702 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Morgan E Hallenbeck		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 3790 Christian Light Rd		Amount 60.00	
City Fuquay Varina	State NC	Zip Code 27526	Transaction ID : 4c34f7bc-2b64-425b-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Morgan E Hallenbeck		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 3790 Christian Light Rd		Amount 19.20	
City Fuquay Varina	State NC	Zip Code 27526	Transaction ID : a43311e3-b525-4f2a-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 703 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 1410 Bushville drive			Amount 60.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 89edc167-c3f2-4082-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 506 N Horton Street			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 7d3bdf93-99c1-4e00-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 11 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 506 N Horton Street		Amount 33.30	
City	State	Zip Code	Transaction ID : b75a0d47-bb14-42b8-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		292434.22	

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 307 Farris Rd Apt 1		Amount <div> <div></div> <div>50.00</div> </div>	
City Conway	State AR	Zip Code 72034	Transaction ID : 8b716666-749e-426b-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div></div> <div>001</div> </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>292434.22</div> </div>		District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1123 1654 1364 1661"> <tr><td data-bbox="1123 1654 1364 1661">83.30</td></tr> </table>	83.30
83.30		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1123 1661 1364 1665"> <tr><td data-bbox="1123 1661 1364 1665"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1123 1665 1364 1671"> <tr><td data-bbox="1123 1665 1364 1671"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 705 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 307 Farris Rd Apt 1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11.10</div>		
City Conway	State AR	Zip Code 72034	Transaction ID : b2c29b52-9517-4a65-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Cecilia A Rebrick			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 5003 Allison Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.00</div>		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 6a948433-6101-4aed-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">31.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 706 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					

Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 5003 Allison Lane			Amount 1.20		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 1e0188a7-d04c-4080-a Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 1410 Bushville Dr			Amount 25.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : f7dc88d4-df88-46b9-9 Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature

[Electronically Filed]

Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 707 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1410 Bushville Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9.00</div>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : a8f3873a-9866-4346-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 3654 Tara St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.00</div>		
City springdale	State AR	Zip Code 72762	Transaction ID : c96d2f45-03f7-4357-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">39.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 708 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Hannah E Baker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 5307 South State Road 135			Amount 30.00		
City Morgantown		State IN	Zip Code 46160		Transaction ID : 1d8d855f-3a9a-4b65-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Hannah E Baker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 5307 South State Road 135			Amount 37.20		
City Morgantown		State IN	Zip Code 46160		Transaction ID : f2d8bade-212b-41b3-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 20679 Glenbrook Terrace		Amount <div> <div>Amount</div> <div>30.00</div> </div>	
City Sterling	State VA	Zip Code 20165	Transaction ID : afe4e177-5499-4b37-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 710 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 905 Lake Drive		Amount 70.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : cab38126-eb57-456a-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 905 Lake Drive		Amount 7.50	
City Shelby	State NC	Zip Code 28152	Transaction ID : a1f07a90-930b-4e94-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 3113 Imperial Valley Dr.		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 98439686-49f7-4ccb-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 712 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 16.50	
City Little Rock	State AR	Zip Code 72212	Transaction ID : b92af696-0559-4ed1-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 105.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 6529427d-0de7-4752-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		121.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 713 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 18.90		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 00e4e5f6-03ba-4838-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 3.70		
City Lexington	State NC	Zip Code 27295	Transaction ID : d05d04a5-d409-4b9b-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 110 W Pecan St		Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 21f8c871-0a39-47f0-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Marysol Netro		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 312 S Gunter St		Amount <div> <div>10.00</div> </div>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : c8b69006-d823-4062-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 716 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 312 S Gunter St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">14.40</div>		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : ac4b7f40-1f74-42da-a
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Hope Benner			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 2073 A Clover Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">10.00</div>		
City Springdale		State AR	Zip Code 72764		Transaction ID : c5889c6d-41a9-4411-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">24.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 9909 Treasure Hill Rd		Amount <div> <div>Amount</div> <div>30.00</div> </div>	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 11f4cf7c-d093-4cdf-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Amount</div> <div>292434.22</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>30.51</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 718 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 18.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 6c867000-3ed9-459a-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 50.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 75050bdf-d969-4dad-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	68.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 15.00	
City Conway	State AR	Zip Code 72032	Transaction ID : edae79d4-944a-4b83-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <div style="position: absolute; right: 10px; top: -20px;">27.00</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <div style="position: absolute; right: 10px; top: -20px;"></div> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <div style="position: absolute; right: 10px; top: -20px;"></div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 720 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 1254 Fleming St Apt 6		Amount 11.40		
City Conway	State AR	Zip Code 72032	Transaction ID : e546b5c4-1164-4c8e-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Sandra L Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 1254 Fleming St Apt 6		Amount 15.00		
City Conway	State AR	Zip Code 72032	Transaction ID : 97a2d624-6208-49f9-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		26.40		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 24.90	
City Conway	State AR	Zip Code 72032	Transaction ID : 27d08593-32ed-4719-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 722 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 95.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 02910ce6-44ab-4a37-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 38.40	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 70318214-c24a-4586-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		133.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 723 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2121 Daniel Dr		Amount 70.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : bd9f50e9-46a5-45bc-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2121 Daniel Dr		Amount 55.83	
City Searcy	State AR	Zip Code 72143	Transaction ID : 3951015f-aac0-4b1d-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	125.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 724 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 50.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : afaa3119-bffd-46bc-b Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 7.20		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 950dccb3-cf30-496b-9 Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 725 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Mattie F Grant			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1700 N Hughes St Apt 17			Amount 60.00	
City Little Rock	State AR	Zip Code 72207	Transaction ID : b630910d-3979-4a13-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Chris D King			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1700 N Hughes St Apt 17			Amount 60.00	
City Little Rock	State AR	Zip Code 72207	Transaction ID : 437d83e4-627d-4219-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 726 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination 09 / 11 / 2014	
Mailing Address 202 East Park Ave Apt 40			Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 69fc3eeb-31e9-44a0-a Date of Disbursement or Obligation 09 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Marion Anderson			Date of Public Distribution/Dissemination 09 / 11 / 2014	
Mailing Address 607 Chickadee St Apt 8			Amount 60.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 6bbd8c5b-0b5d-4a9b-b Date of Disbursement or Obligation 09 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 727 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Marion Anderson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Mailing Address 607 Chickadee St Apt 8		Amount 42.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : aa200c53-9127-4ba4-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Mailing Address 1700 E Part Ave		Amount 45.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 44fa6bb9-bf29-459e-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		87.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 728 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Mailing Address 1700 E Part Ave		Amount 34.35	
City Searcy	State AR	Zip Code 72149	Transaction ID : 757dbcc5-fbe6-4852-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Mailing Address 308 West Main Street		Amount 65.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : bae79117-2938-42dc-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		99.35	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 729 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 308 West Main Street			Amount 24.60		
City Pilot Mountain		State NC	Zip Code 27041		Transaction ID : 324d6993-feb4-462e-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 308 West Main Street			Amount 65.00		
City Plot Mountain		State NC	Zip Code 27041		Transaction ID : d51ad59e-4b58-47d1-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Lourdes Lopez		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2936 Brushwood Ave		Amount 10.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : e6018085-f862-437b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lourdes Lopez		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2936 Brushwood Ave		Amount 3.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : 1c6f046d-aa9e-4e55-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">13.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 731 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 80.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : 667f1a97-0206-4e12-b Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 44.10		
City Neosho	State MO	Zip Code 64850	Transaction ID : 7c91acde-03c6-41d8-8 Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2565 Shire Circle		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 49436087-ac75-4fff-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 220 Doucet Rd		Amount 20.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 437ac0f2-cdd7-4330-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 733 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> 09 / 11 / 2014		
Mailing Address 220 Doucet Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2.22</div>		
City State Zip Code Lafayette LA 70503		Transaction ID : d31351a1-743c-4d6a-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> 09 / 11 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Douglas A Nystrom			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> 09 / 11 / 2014		
Mailing Address 2000 W University St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">50.00</div>		
City State Zip Code Siloam Springs AR 72761		Transaction ID : 9d33496e-39ab-4517-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> 09 / 11 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">52.22</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 734 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Trent Minner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 2000 W University St			Amount 50.00		
City State Zip Code Siloam Springs AR 72761		Transaction ID : 2c7fb4f4-7e53-425a-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Trent Minner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 2000 W University St			Amount 30.48		
City State Zip Code Siloam Springs AR 72761		Transaction ID : 5a3a9848-c3e6-406e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.48		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 735 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 108 East Clinton St PO Box 410			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27.50</div>		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 36b70795-e0ee-4ecb-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 108 East Clinton St PO Box 410			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.84</div>		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 328b0472-847f-4e39-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.34</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

[Electronically Filed]

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 804 Roundabout Circle		Amount <div> <div></div> <div>70.00</div> </div>	
City Searcy	State AR	Zip Code 72143	Transaction ID : 266250dc-9747-400d-9 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 450 Judson Dr		Amount 30.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : e04f0961-152d-4905-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 4177 Lowerline St		Amount 10.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : a8d9d980-72ff-438f-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 738 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 4177 Lowerline St		Amount 3.30	
City Slidell	State LA	Zip Code 70461	Transaction ID : 045049f6-424a-4fe9-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 95.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 3c985b4d-87d4-4843-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		98.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 739 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 38.40		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 7ec244b0-617b-4cf9-9 Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Dwalyn G Johnson			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 1700 N Hughes St Apt 17			Amount 60.00		
City Little Rock	State AR	Zip Code 72207	Transaction ID : a5166752-64b6-4911-a Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Dwalyn G Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1700 N Hughes St Apt 17		Amount 42.90	
City Little Rock	State AR	Zip Code 72207	Transaction ID : 9fd40ec5-76e3-42c1-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>		
Mailing Address 915 E Market Ave			Amount <div> <div></div> <div>80.00</div> </div>		
City	State	Zip Code	Transaction ID : 9cb52e66-0e28-4f7e-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>		
Searcy	AR	72149			
Purpose of Expenditure Salary		Category/ Type	<div> <div>001</div> </div>		
Name of Federal Candidate Mr. Mark L Pryor			<div> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 741 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 915 E Market Ave			Amount 86.40		
City Searcy	State AR	Zip Code 72149	Transaction ID : 8ea89cce-0b1f-42d7-b Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 09 / 11 / 2014		
Mailing Address 1103 West Wilson Street			Amount 80.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ce83cc62-f9db-4a63-a Date of Disbursement or Obligation 09 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			166.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1103 West Wilson Street		Amount 39.30	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c5071df9-7153-4e37-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 300 Evangeline St		Amount <div> <div>_____</div> <div>50.00</div> </div>	
City Monroe	State LA	Zip Code 71201	Transaction ID : e1a21303-4c63-4093-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div>_____</div> <div>001</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>_____</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1025 Cayley Ct		Amount 80.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 333dcbb6-2226-416e-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 7 Bards Lane		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 2174b873-b636-4ca8-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 745 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 7 Bards Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">5.10</div>		
City Fletcher		State NC	Zip Code 28732	Transaction ID : 6e8359b1-4258-446c-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 4902 Catawba Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">112.50</div>		
City Greensboro		State NC	Zip Code 27407	Transaction ID : 2cebb341-cf53-4ee6-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>	
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">117.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div>Signature <u>Ms. Emily Buchanan</u></div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div></div></div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 746 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Mailing Address 4902 Catawba Dr		Amount 22.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2e1f7a5a-ef43-4220-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Mailing Address 1025 Cayley Ct		Amount 112.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 5ef7b2b8-c129-49ba-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		134.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2506 Bolch Street		Amount 40.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 86424904-2265-41a1-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 748 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2506 Bolch Street			Amount 10.80	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 64eea8cf-c0f2-45b4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 205 Medallion Circle			Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 02894f02-ce60-41a5-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 205 Medallion Circle			Amount 28.80		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 309d0c87-1f12-4867-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 7151 Mullins Drive		Amount 90.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 791475cb-4070-4105-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	118.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 100 Asbury Ct		Amount <div> <div>MM / DD / YYYY</div> <div>60.00</div> </div>	
City Winchester	State VA	Zip Code 22602	Transaction ID : 1625cfdd-f95b-46e3-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	108.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 751 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 100 ASBURY CT		Amount 50.00
City WINCHESTER	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : a7239029-652a-4600-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 100 Asbury Ct		Amount 50.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 0a1811bf-a17c-466b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 1900 Glen West Way			Amount 6.90		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : ff74d463-b175-4d75-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px; text-align: right;">56.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px;"></div>

Signature

Full Name of Payee Amber M Gregory		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>	
Mailing Address 1710 Elfen Glen St Apt 114B		Amount <div> <div></div> <div>30.00</div> </div>	
City Van Buren	State AR	Zip Code 72956	Transaction ID : 0954b6fd-0616-47a3-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Carla A Wells		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 2013 Woodwind Way		Amount 20.00	
City Van Buren	State NC	Zip Code 72956	Transaction ID : 4a43d839-2b22-4737-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>29.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 756 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Carla A Wells			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 2013 Woodwind Way			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div>		
City Van Buren		State NC	Zip Code 72956		Transaction ID : 1696b65c-6823-432e-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>		
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : d5840a9b-e28f-40a5-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 11 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">58.60</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%; text-align: center;">Ms. Emily Buchanan _____ Signature</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div></div><div style="width: 20%;"></div></div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 757 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 6101 NORA ST			Amount 1.80		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 0e75f00c-27ee-4ef2-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 18065 Wayne Rd			Amount 55.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : 642b369b-bf0a-4e4a-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	56.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 758 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 55.00		
City Elgin		State SC	Zip Code 29045		
Purpose of Expenditure Salary		Category/ Type 001		Transaction ID : 2f675162-8b1c-4e9c-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 47.31		
City Elgin		State SC	Zip Code 29045		
Purpose of Expenditure Mileage		Category/ Type 002		Transaction ID : ec7709f9-c711-469d-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.31		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 64866a52-3d67-426c-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>		
Mailing Address 1434 South Avenue			Amount <div> <div></div> <div>13.50</div> </div>		
City Eden	State NC	Zip Code 27288	Transaction ID : c125fbf0-43ae-4a73-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 11 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type	<div>002</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 448 Judson Dr		Amount 3.90	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 7c2d40f6-6ca1-442a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 10 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 7.50	
City Conway	State AR	Zip Code 72034	Transaction ID : ef438c0f-b393-45c1-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 762 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Paramount			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 525-K East Market Street 114			Amount 5.43		
City Leesburg		State VA	Zip Code 20176		Transaction ID : 7b4e16c8-5ef9-4d90-a
Purpose of Expenditure Blast Emails		Category/Type 004		Date of Disbursement or Obligation 09 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Paramount			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 525-K East Market Street 114			Amount 8.42		
City Leesburg		State VA	Zip Code 20176		Transaction ID : ab8ac0d0-7e85-4155-8
Purpose of Expenditure Blast Emails		Category/Type 004		Date of Disbursement or Obligation 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			13.85		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 763 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Paramount			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 525-K East Market Street 114			Amount 5.52		
City Leesburg	State VA	Zip Code 20176	Transaction ID : a79e5a7d-21eb-4705-a		
Purpose of Expenditure Blast Emails		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Paramount			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 525-K East Market Street 114			Amount 5.50		
City Leesburg	State VA	Zip Code 20176	Transaction ID : 5da75819-4432-4a11-8		
Purpose of Expenditure Blast Emails		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.02		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 764 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Paramount			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 525-K East Market Street 114			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 384.86		
City Leesburg		State VA	Zip Code 20176		Transaction ID : db10706-1714-4953-b
Purpose of Expenditure Blast Emails		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Paramount			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 525-K East Market Street 114			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 5.50		
City Leesburg		State VA	Zip Code 20176		Transaction ID : 837641da-d6fc-4628-a
Purpose of Expenditure Blast Emails		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 390.36		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 765 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Elizabeth M Moore			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 1223 Silver Sage Dr Apt 303			Amount 20.00		
City Raleigh	State NC	Zip Code 27606	Transaction ID : a2a02cd8-aa96-469c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Elizabeth M Moore			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 1223 Silver Sage Dr Apt 303			Amount 6.39		
City Raleigh	State NC	Zip Code 27606	Transaction ID : 6902418a-0f68-434f-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.39		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 766 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 86055331-c61d-4992-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 4967 Dysartville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : d21b21e3-73d0-4861-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 767 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 10.50		
City Morganton	State NC	Zip Code 28655	Transaction ID : b2991d76-6d6d-41ab-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Elizabeth M Moore			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 1223 Silver Sage Dr Apt 303			Amount 20.00		
City Raleigh	State NC	Zip Code 27606	Transaction ID : 45054bf3-0c14-4462-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 768 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 9.96	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 466fac6e-0d2d-477b-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 409 LaSalle Drive		Amount 10.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : b18f778e-d105-47e0-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19.96
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div>	
Mailing Address 409 LaSalle Drive		Amount <div> <div>10.00</div> </div>	
City Little Rock	State AR	Zip Code 72211	Transaction ID : d04dfb03-7d06-4e5d-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	10.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 448 Judson Dr		Amount 40.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 6dd32fbd-4f6d-4c08-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 771 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 32.50		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : fe8f9ea6-06fc-4505-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 7.83		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 6156c21a-ab78-4247-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.33		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 2134 Tobaccoville Rd		Amount 32.50	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : a4b339a9-f1b9-4926-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 211 Pearl St		Amount 65.00	
City Drexel	State NC	Zip Code 28619	Transaction ID : 2859e6b5-c699-404b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 773 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>					
Full Name of Payee William M Goldsmith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 211 Pearl St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">21.63</div>		
City Drexel	State NC	Zip Code 28619	Transaction ID : 5d200c8c-3332-4782-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 7214 Duchamp Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">20.00</div>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 1fd1b453-9110-48c3-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">41.63</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 774 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 7214 Duchamp Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.90</div>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 9226eac4-b215-428a-9		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 5827 Brighton Pl			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.00</div>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : ec80c321-3cb6-42e1-9		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">42.90</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 775 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 5827 Brighton Pl			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9.00</div>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 7fc5d73f-5cbb-4129-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 450 Judson Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : 8230b301-cd64-406e-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">49.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 450 Judson Dr		Amount 10.20	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 4912a422-c3cc-4ee0-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 15.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 1b7c001d-2554-4b1c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 777 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 12.60	
City Conway	State AR	Zip Code 72032	Transaction ID : 43e98bea-6b12-4473-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 2565 Shire Circle		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 26fb286c-6ba9-426d-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		32.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 45.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : 3b336130-ba48-48d4-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 779 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 160 #50 Pompano Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5.73</div>		
City New Bern		State NC	Zip Code 28560		Transaction ID : 7dfe85c-c4e7-41ca-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 1254 Fleming St Apt 6			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25.00</div>		
City Conway		State AR	Zip Code 72032		Transaction ID : c9849c7d-ffdd-438c-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.73</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 780 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 12.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 4c71c64a-42b6-4793-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 5003 Allison Lane		Amount 40.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : eaf29495-a6fa-4c93-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 781 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014		
Mailing Address 5003 Allison Lane			Amount 1.50		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 6d43a643-e2ed-482c-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought			292434.22		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014		
Mailing Address 1434 South Avenue			Amount 100.00		
City Eden		State NC	Zip Code 27288		Transaction ID : f4b534d9-31a7-46b0-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 782 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 1434 South Avenue		Amount 14.40	
City Eden	State NC	Zip Code 27288	Transaction ID : d3176dd7-8c4b-4da3-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 40.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : ea339b11-039e-4aa9-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 924 N. Prieur St		Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : f0f0408d-eaee-4ca9-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 14 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	104.84
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 784 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 924 N. Prieur St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.00</div>		
City New Orleans		State LA	Zip Code 70116		Transaction ID : d3362e44-5b2d-47a5-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Nathan S Shaw			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 5726 NC Hwy 66 S			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>		
City King		State NC	Zip Code 27021		Transaction ID : a2c0e3d0-8d56-469b-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 785 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Nathan S Shaw			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 5726 NC Hwy 66 S			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.30</div>		
City King		State NC	Zip Code 27021		Transaction ID : fcfb7c02-74f1-4e47-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 8822 Apple St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">65.00</div>		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 50efb97d-b43a-4d61-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">77.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 786 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 907 Randall Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 7a776678-4e71-444d-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 907 Randall Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">35.70</div>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 85af79b2-c7d9-4bbf-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 787 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Mailing Address 345 Auroura Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div>		
City Metairie	State LA	Zip Code 70006	Transaction ID : d62cf21a-32f5-4172-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Mailing Address 345 Auroura Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.11</div>		
City Metairie	State LA	Zip Code 70006	Transaction ID : ec2dc935-f6d3-4a15-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">72.11</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 788 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 70.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : e4fe1470-c656-4466-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 70.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 988b23f8-40bb-4e0a-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 789 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 33.60		
City Bakersville	State NC	Zip Code 28705	Transaction ID : d88d6f23-ee9a-4ad2-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 44 Bell Street Ext			Amount 70.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 7a7b6798-c8af-4371-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 790 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 44 Bell Street Ext		Amount 33.60		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : d5b09e43-f796-487f-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 1900 Glen West Way		Amount 75.00		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 6883bc6d-3351-4709-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		108.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 3 Girard St		Amount 40.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : f252ee65-f9f0-41e4-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 792 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 3 Girard St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.60</div>		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 7f5043b7-980e-492c-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 3 Girard			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : f74d3d30-a0ce-4a2f-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">72.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 793 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination MM / MM / YYYY 09 / 12 / 2014		
Mailing Address 3 Girard			Amount 13.20		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 9715ce25-3ad5-4923-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / MM / YYYY 09 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / MM / YYYY 09 / 12 / 2014		
Mailing Address 6412 Osage Dr			Amount 35.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : d17f56d7-745f-4a22-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / MM / YYYY 09 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / MM / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 794 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 6412 Osage Dr		Amount 9.24	
City North Little rock	State AR	Zip Code 72116	Transaction ID : f05aa574-7bef-4d89-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 134 Shore Crest Circle		Amount 20.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : c438ec21-b0c0-4cce-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		29.24	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 795 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Virginia T Grant			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 134 Shore Crest Circle			Amount 7.20		
City Carriere	State MS	Zip Code 39426	Transaction ID : df7066f8-5984-4964-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 3007 Darden Rd			Amount 62.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1ab6190a-6fa9-46a8-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 796 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 3007 Darden Rd		Amount 31.20		
City Greensboro	State NC	Zip Code 27407	Transaction ID : c4180da8-07ca-4e30-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 3007 Darden Rd		Amount 62.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9854e073-25d1-4c5d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		93.70		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 797 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Chad E Day			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 168 Emerald Hill			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">117.50</div>		
City Forest City		State NC	Zip Code 28043		Transaction ID : b7b340bf-19bd-4f86-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 2329 Runnymede Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">60.00</div>		
City Marrero		State LA	Zip Code 70072		Transaction ID : cc3ab236-0cf0-41d4-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">177.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 798 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 50.00		
City Greensboro		State NC	Zip Code 27410		Transaction ID : c2b366d5-8901-4966-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 27.30		
City Greensboro		State NC	Zip Code 27410		Transaction ID : 36c1b79d-f5cb-4744-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 799 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 23.00		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 5f1d1290-4efc-4878-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 7.50		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 122c21e8-5eab-425c-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 800 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>		
City Sterling		State VA	Zip Code 20165		Transaction ID : 32ef6d3c-958e-4c16-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014		
Mailing Address 110 W Pecan St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">55.00</div>		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 089f10fe-51b5-4d90-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">105.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 30 / 2015		

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 100.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 26852ccc-462d-4b0c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	137.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital display units are shown, each with a 7-segment display. The first unit shows '01' with 'M' indicators above the segments. The second unit shows '30' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. The units are separated by slashes.

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 802 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 21.30		
City Raleigh		State NC	Zip Code 27604		Transaction ID : 53d9bb1f-8ad8-4504-a Date of Disbursement or Obligation 09 / 12 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 220 Doucet Rd			Amount 27.00		
City Lafayette		State LA	Zip Code 70503		Transaction ID : d13ba430-8334-438c-a Date of Disbursement or Obligation 09 / 12 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 803 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 220 Doucet Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">3.03</div>		
City State Zip Code Lafayette LA 70503		Transaction ID : 6d41bc9a-6960-47c8-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>			
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>		
Mailing Address 106 Hillside St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">130.00</div>		
City State Zip Code Spindale NC 28160		Transaction ID : 8eefa4a5-3f47-4f3c-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 12 / 2014</div>			
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">133.03</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div> [Electronically Filed]		

Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <div> <div>Amount</div> <div>50.00</div> </div>		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 976adbc6b-6968-42e2-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
			District: 00 State: NC		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	99.47
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 805 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount 20.00		
City State Zip Code Little Rock AR 72212		Transaction ID : 623c3902-d910-4262-8 Date of Disbursement or Obligation 09 / 12 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount 16.20		
City State Zip Code Little Rock AR 72212		Transaction ID : 4b01e577-fdba-49d5-9 Date of Disbursement or Obligation 09 / 12 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 806 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Nicole N Ball			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 12 / 2014 </div>		
Mailing Address 2528 Mill Creek Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15.00 </div>		
City Newport	State NC	Zip Code 28570	Transaction ID : d1f4d93b-42d4-443f-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 12 / 2014 </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►		

Full Name of Payee Nicole N Ball			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 12 / 2014 </div>		
Mailing Address 2528 Mill Creek Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.80 </div>		
City Newport	State NC	Zip Code 28570	Transaction ID : bf02033f-3f08-4fb5-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 12 / 2014 </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 807 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 282 Falls Ave			Amount 30.00		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 1d1ca8a3-3843-4d11-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 282 Falls Ave			Amount 16.20		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 923a0a8d-7df4-49e7-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee David M Bozeman		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 768 Pine Haven Drive		Amount 3.00	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 9919242b-21d1-4201-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>25.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 809 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 272 Westgate Ct Apt 6			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.10</div>		
City Lexington	State NC	Zip Code 27295	Transaction ID : 3f06ac09-cc0f-40b6-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 272 Westgate Ct Apt 6			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3.60</div>		
City Lexington	State NC	Zip Code 27295	Transaction ID : f46815dc-69dd-485f-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 810 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 200 Carawood Lane		Amount 12.10	
City Lexington	State NC	Zip Code 27295	Transaction ID : 9fcc424c-efbd-4092-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cynthia Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 3001 Pendell Lane		Amount 50.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : bae6a786-ff94-4ee1-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	62.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 811 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cynthia Stewart			Date of Public Distribution/Dissemination 09 / 12 / 2014	
Mailing Address 3001 Pendell Lane			Amount 6.60	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 5241491b-fb5c-450a-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination 09 / 12 / 2014	
Mailing Address 111 Westchester Blvd Apt D4			Amount 50.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 8ecf612a-ccd9-47fd-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			56.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 812 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Brooke A Gilham		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 168 Graduate Lane Apt 324		Amount 85.00	
City Boone	State NC	Zip Code 28607	Transaction ID : f8124f68-1360-4640-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brooke A Gilham		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 168 Graduate Lane Apt 324		Amount 35.70	
City Boone	State NC	Zip Code 28607	Transaction ID : 14c03e07-ac5f-48ac-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	120.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 813 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 110 Maryella Dr			Amount 40.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : f53f3424-23f3-4557-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 12 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 110 Maryella Dr			Amount 47.10		
City Searcy	State AR	Zip Code 72143	Transaction ID : a48fb207-4812-4948-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 12 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 814 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 30.00		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 3f797546-85ea-4eb5-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 10.11		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 3d9bbf98-3a97-4d7f-b
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.11		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 1025 Cayley Ct		Amount 15.60	
City High Point	State NC	Zip Code 27260	Transaction ID : 6bc21c5f-b94a-4ece-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 816 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 12 / 2014 </div>	
Mailing Address 1025 Cayley Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 115.00 </div>	
City High Point	State NC	Zip Code 27260	Transaction ID : 338332a0-fbbe-4df8-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 12 / 2014 </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1095959.94 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 12 / 2014 </div>	
Mailing Address 1025 Cayley Ct		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 21.00 </div>	
City High Point	State NC	Zip Code 27260	Transaction ID : 418318b0-a4fc-4af2-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 12 / 2014 </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1095959.94 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 136.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 817 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 4902 Catawba Dr			Amount 110.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 11c3c7cb-b446-45ae-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 4902 Catawba Dr			Amount 21.90	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 8e9ff0c0-502b-4ac7-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	131.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 818 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : f394deb7-09bf-45e4-8	
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.30</div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : c858f62d-bdcd-49f7-a	
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">59.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 819 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 7 Bards Lane			Amount 82.50		
City Fletcher	State NC	Zip Code 28732	Transaction ID : d0ad87e7-332e-4e20-b Date of Disbursement or Obligation 09 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 09 / 12 / 2014		
Mailing Address 7 Bards Lane			Amount 7.80		
City Fletcher	State NC	Zip Code 28732	Transaction ID : f6c8dc6c-ec4b-48c2-b Date of Disbursement or Obligation 09 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee James Tatro		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div>	
Mailing Address 1208 Braeburn Rd		Amount <div> <div>70.00</div> </div>	
City Charlotte	State NC	Zip Code 28211	Transaction ID : 93346ef7-57aa-42b2-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 12 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Tatro			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 1208 Braeburn Rd			Amount 5.40		
City Charlotte	State NC	Zip Code 28211	Transaction ID : f7dc0e13-854f-4ec9-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	75.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 821 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 407 randall Dr			Amount 70.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 9d3431d3-b0fc-4f3a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 407 randall Dr			Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 0797a2fd-d001-4323-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 822 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 100 Asbury Ct		Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 679ff3de-1de7-449d-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 100 ASBURY CT		Amount 60.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 3e3efce4-56ca-446b-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		130.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 823 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 2c657e76-8035-4be6-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : f82c3b19-def9-472f-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 824 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : a61b5a24-3068-4250-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 62f80261-339a-4ec7-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 01 / 30 / 2015	

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 40.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2dc9ab28-f9d0-4ca6-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 24.84	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 55dd8963-624c-430b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px;">64.84</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital display units are shown, each with a 4-digit display. The first unit shows '01' under 'MM' (Months). The second unit shows '30' under 'DD' (Days). The third unit shows '2015' under 'YYYY' (Years).

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 826 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 09 / 12 / 2014	
Mailing Address 9455 Snow Camp Road			Amount 55.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : d1bb1b4e-08d3-495f-8 Date of Disbursement or Obligation 09 / 12 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 09 / 12 / 2014	
Mailing Address 9455 Snow Camp Road			Amount 7.80	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 35920fd7-b97a-4bbe-9 Date of Disbursement or Obligation 09 / 12 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 827 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Shanon Snyder		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 2701 Winifred		Amount 30.00	
City Metairie	State LA	Zip Code 70003	Transaction ID : b63d80e1-8d39-46ba-b
Purpose of Expenditure Salary	Category/ Type	MM / DD / YYYY 09 / 12 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Shanon Snyder		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 2701 Winifred		Amount 6.00	
City Metairie	State LA	Zip Code 70003	Transaction ID : 27a02404-4c5a-4001-a
Purpose of Expenditure Mileage	Category/ Type	MM / DD / YYYY 09 / 12 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 828 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Trace Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 11104 Westpoint			Amount 99 40.00		
City Little Rock		State AR	Zip Code 72211		Transaction ID : 589aee50-5cc9-43dd-a
Purpose of Expenditure Advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		99 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 4967 Dysartville			Amount 99 80.00		
City Morganton		State NC	Zip Code 28655		Transaction ID : 03fd1a00-daec-4bf0-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		99 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			99 120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶			99		
(c) TOTAL Independent Expenditures.....▶			99		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 829 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 80.00		
City Morganton		State NC	Zip Code 28655		Transaction ID : b581f96a-4aa5-406e-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 7.50		
City Morganton		State NC	Zip Code 28655		Transaction ID : 86478c65-6a1d-44d7-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 830 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1410 Bushville drive		Amount 80.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : a73d5477-0209-461d-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 448 Judson Dr		Amount 30.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : f2689c0c-4d73-4001-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 831 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 448 Judson Dr			Amount 9.30		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 4ce2ea55-7286-4e46-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 450 Judson Dr			Amount 30.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 6d160385-44d5-4c5b-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 832 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 20.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 199be321-e5ef-47c3-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 11.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 9c877471-7d24-43e3-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 3 Girard St		Amount 11.10	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : ca3758f2-56c3-4c68-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 834 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 2565 Shire Circle			Amount 32.50		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 14d07cd9-7cfa-4859-a Date of Disbursement or Obligation 09 / 13 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 301 N Clinic Apt 3			Amount 80.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 4812da8b-0701-49b5-9 Date of Disbursement or Obligation 09 / 13 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			112.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 835 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 301 N Clinic Apt 3			Amount 63.60		
City Searcy	State AR	Zip Code 72143	Transaction ID : 7aa9a5d8-d670-497b-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 13 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 34.60		
City Lexington	State NC	Zip Code 27295	Transaction ID : fd217bbb-c0ec-4d0f-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 13 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 836 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 12.00		
City Lexington		State NC	Zip Code 27295		Transaction ID : 5dce00cb-5e78-45e7-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 200 Carawood Lane			Amount 34.60		
City Lexington		State NC	Zip Code 27295		Transaction ID : 694345df-2740-4045-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 409 LaSalle Drive		Amount 50.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : e8bf52fe-a617-4ec9-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 13 / 2014</div> </div>		
Mailing Address 409 LaSalle Drive			Amount <div> <div></div> <div>21.00</div> </div>		
City Little Rock	State AR	Zip Code 72211	Transaction ID : ae6c23ae-7db1-4ad7-8 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 13 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	71.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 838 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 50.00		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 56108fb6-d4fd-45f5-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 22.20		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 7cfec8e0-cca0-45fd-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 839 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 9425 Jessica Drive			Amount 35.00		
City Shreveport		State LA	Zip Code 71106		Transaction ID : f8776ae7-d32d-41a5-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 9425 Jessica Drive			Amount 14.40		
City Shreveport		State LA	Zip Code 71106		Transaction ID : b42fec87-88ec-4cf1-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 840 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1900 Glen West Way		Amount <div style="border: 1px solid black; padding: 2px;">30.00</div>	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : ba6fd145-7808-4193-8
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1900 Glen West Way		Amount <div style="border: 1px solid black; padding: 2px;">7.20</div>	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : f39d8d79-b6f0-4cb2-9
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">37.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 841 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lindsey N Rose			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 615 Live Oak Dr			Amount 80.00		
City searcy	State AR	Zip Code 72143	Transaction ID : 2b4df6fc-5d29-4053-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lindsey N Rose			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 615 Live Oak Dr			Amount 62.82		
City searcy	State AR	Zip Code 72143	Transaction ID : 1227a527-69c1-41f0-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.82		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Cynthia Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 3001 Pendell Lane		Amount 4.80	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 491b8fcf-ade2-414e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ►	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 55.20	
City Harvest	State AL	Zip Code 35749	Transaction ID : 35cde695-2b3c-4e7b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>150.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 844 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>		
Mailing Address 106 Wyncrest Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">95.00</div>		
City Hendersonville		State TN	Zip Code 37075		Transaction ID : 237f23d5-edc1-4e29-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Chad E Day			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>		
Mailing Address 168 Emerald Hill			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">77.50</div>		
City Forest City		State NC	Zip Code 28043		Transaction ID : 2b265a13-4b3e-4b19-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">172.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 845 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 20.00		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 321374e5-8c34-400f-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 7.71		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 2ae05446-a6a7-4f5f-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.71		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 846 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 50.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 0c052e94-8214-44e2-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 7.80	
City Carriere	State MS	Zip Code 39426	Transaction ID : 266bb743-00f9-414a-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		57.80	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 847 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> </div> </div>	

Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 13 2014 </div> </div> </div>	
Mailing Address 286 Wrenn Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div>	
City Lexington	State NC	Zip Code 27292	Transaction ID : 6b7e2252-a4f0-49ab-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 13 2014 </div> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 13 2014 </div> </div> </div>	
Mailing Address 286 Wrenn Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.23</div>	
City Lexington	State NC	Zip Code 27292	Transaction ID : c84026df-db02-4a84-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 13 2014 </div> </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">67.23</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M
D D
Y Y Y Y Y Y

01
30
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 848 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Mailing Address 915 E Market Ave		Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 113aa5e0-122f-4cb4-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Mailing Address 915 E Market Ave		Amount 57.60	
City Searcy	State AR	Zip Code 72149	Transaction ID : 88e94f5b-ce21-4b62-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		137.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Kay Davis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 5117 Carr Dr		Amount 11.10	
City Grifton	State NC	Zip Code 28530	Transaction ID : c251b599-0f06-4e4e-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 850 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 4db7b34a-ee3a-40b3-8 Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.80</div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : cd0c4a11-9a29-40dd-a Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>13</div><div>2014</div></div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">60.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01

30

2015

Signature

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 282 Falls Ave		Amount 32.70	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 7ec35d55-c442-4f67-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 2506 Bolch Street		Amount 20.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : b56f00a0-fef0-4648-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 2506 Bolch Street		Amount 13.80	
City Shreveport	State LA	Zip Code 71104	Transaction ID : c90830d0-86f0-4249-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>33.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 853 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 205 Medallion Circle			Amount 20.00		
City State Zip Code Shreveport LA 71119		Transaction ID : 51ceb40c-9707-4208-a Date of Disbursement or Obligation 09 / 13 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 205 Medallion Circle			Amount 13.80		
City State Zip Code Shreveport LA 71119		Transaction ID : f10684f7-6a6f-47e9-8 Date of Disbursement or Obligation 09 / 13 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 3654 Tara St		Amount 45.00	
City springdale	State AR	Zip Code 72762	Transaction ID : e36675d3-7c44-44eb-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 855 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 312 S Gunter St			Amount 40.00		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : a407cfe7-4831-4b7e-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 312 S Gunter St			Amount 6.00		
City Siloam Springs		State AR	Zip Code 72761		Transaction ID : d22697ac-6e0f-4583-9
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 856 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					

Full Name of Payee David Ford			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 106 Hillside St			Amount 77.50		
City Spindale	State NC	Zip Code 28160	Transaction ID : 593d004c-ea8d-4568-a Date of Disbursement or Obligation 09 / 13 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee David Ford			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 106 Hillside St			Amount 34.38		
City Spindale	State NC	Zip Code 28160	Transaction ID : c95d18ad-f43d-4764-9 Date of Disbursement or Obligation 09 / 13 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	111.88
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature

[Electronically Filed]

Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 857 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah E Baker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Mailing Address 5307 South State Road 135		Amount 85.00	
City Morgantown	State IN	Zip Code 46160	Transaction ID : 8fba87d4-f50a-4eb6-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Mailing Address 220 Doucet Rd		Amount 20.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : ff7494bb-c280-4bd7-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		105.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 858 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>		
Mailing Address 220 Doucet Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.92</div>		
City State Zip Code Lafayette LA 70503		Transaction ID : e021cd4d-49a8-4d8a-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>		
Mailing Address 102 S Main Street Apt A2			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City State Zip Code Berryville VA 22611		Transaction ID : 10d2a49e-110d-44f2-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">81.92</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div> [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 859 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 6101 NORA ST			Amount 75.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 563ba24b-d281-41b5-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 6101 NORA ST			Amount 2.40		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : ca695949-0a22-420e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 860 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 407 randall Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : ce6e8be8-acf2-489f-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 407 randall Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">69.00</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 183620ac-b275-4cfe-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">149.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 861 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1809 N Woodlawn		Amount 12.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : 4d8c1562-aacc-47b6-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1809 N Woodlawn		Amount 7.20	
City Metairie	State LA	Zip Code 70001	Transaction ID : 0ecdcd7ff-c5fc-4a27-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 862 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 3007 Darden Rd			Amount 92.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : da62a869-21a2-4588-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 3007 Darden Rd			Amount 34.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 7112ab68-6467-41a7-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	127.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 863 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 3007 Darden Rd			Amount 92.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 4575f917-884d-40ea-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Brooke A Gilham			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 168 Graduate Lane Apt 324			Amount 80.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 9159a1e7-7aae-49a1-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			172.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 864 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Brooke A Gilham			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>		
Mailing Address 168 Graduate Lane Apt 324			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">35.40</div>		
City Boone		State NC	Zip Code 28607		Transaction ID : 2aa9f7c1-47a0-424e-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lisa a Bernardini			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>		
Mailing Address 1326 East Field St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">50.00</div>		
City Conway		State AR	Zip Code 72034		Transaction ID : 2d3cfc00-d9f3-4cb6-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">85.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 865 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lisa a Bernardini		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Mailing Address 1326 East Field St		Amount 18.60	
City Conway	State AR	Zip Code 72034	Transaction ID : 59dfa5bd-6fc4-4693-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 60.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 4ed4e94c-d5c9-455c-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		78.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 866 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 13 2014 </div> </div>	
Mailing Address 2329 Runnymede Dr		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 8.40 </div> </div>	
City Marrero	State LA	Zip Code 70072	Transaction ID : f969c66e-77b9-49fc-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 13 2014 </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 554635.78 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 13 2014 </div> </div>	
Mailing Address 7 Bards Lane		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 62.50 </div> </div>	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 33f4390d-d4dc-4557-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 13 2014 </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 70.90 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01
30
2015

Signature

Full Name of Payee Adrian Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 4367 Split Log Rd		Amount 80.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 1ed98de2-81ff-4b37-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	88.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Katlyn P Bernardini		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1326 East Field St		Amount 50.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 9130a3cf-0c26-4afb-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">130.00</div> <div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 869 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Katlyn P Bernardini			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 1326 East Field St			Amount 18.60		
City Conway	State AR	Zip Code 72034	Transaction ID : b0bcb11d-2396-48bc-a Date of Disbursement or Obligation 09 / 13 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 63.00		
City Slidell	State LA	Zip Code 70458	Transaction ID : 1a358605-f7fd-4c30-9 Date of Disbursement or Obligation 09 / 13 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Sarinda S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 27.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 56ef00cb-0b4d-4cb7-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	107.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 871 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 85.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 82ca3cd0-04c3-406c-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 17.70	
City Raleigh	State NC	Zip Code 27604	Transaction ID : c5b0a40f-f80c-45a5-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	102.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 872 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Sandra C Montalbano			Date of Public Distribution/Dissemination 09 / 13 / 2014	
Mailing Address 4177 Lowerline St			Amount 50.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 18ddff06-bdc2-4c5c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Sandra C Montalbano			Date of Public Distribution/Dissemination 09 / 13 / 2014	
Mailing Address 4177 Lowerline St			Amount 3.60	
City Slidell	State LA	Zip Code 70461	Transaction ID : de18a4aa-50e9-4d22-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 873 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 4691 Hercules Lane			Amount 100.00		
City Woodbridge		State VA	Zip Code 22193		Transaction ID : a7a37ab3-8e82-4549-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 6412 Osage Dr			Amount 15.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : fa78c328-7c70-4eec-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 874 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>	
Mailing Address 6412 Osage Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.95</div>	
City North Little rock		State AR	Zip Code 72116	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>	
Mailing Address 6544 Arno College Grove Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>	
City College Grove		State TN	Zip Code 37046	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 13 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">97.95</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 875 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 506 N Horton Street			Amount 90.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 119629c0-1593-4adf-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 506 N Horton Street			Amount 87.90		
City Searcy		State AR	Zip Code 72143		Transaction ID : a1be3c1b-b112-491d-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			177.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 876 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					

Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 13 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">130.00</div>		
City Elgin	State SC	Zip Code 29045	Transaction ID : 2c08eb35-cc52-47c3-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 13 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 13 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">86.67</div>		
City Elgin	State SC	Zip Code 29045	Transaction ID : 697620b9-707f-424b-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 09 / 13 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">216.67</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature _____ Date

MM / DD / YYYY

01 / 30 / 2015

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 130.00	
City	State	Zip Code	Transaction ID : dded8822-7d25-4c90-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	260.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 878 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 2002 E Park Ave Apt 40		Amount 130.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : bc022fca-358d-4a33-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 2002 E Park Ave Apt 40		Amount 50.49		
City Searcy	State AR	Zip Code 72143	Transaction ID : 1d82e750-836b-4b51-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		180.49		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015		
		[Electronically Filed]		

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 2121 Daniel Dr		Amount 61.74	
City	State	Zip Code	Transaction ID : 224c0e63-6ae1-4598-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

(b) SUBTOTAL of Unitemized Independent Expenditures ➤

(c) TOTAL Independent Expenditures..... ➤

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 880 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 09 / 13 / 2014	
Mailing Address 2320 Saint Nick Dr			Amount 70.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : a6a48db8-ba5d-4d49-b Date of Disbursement or Obligation 09 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 09 / 13 / 2014	
Mailing Address 2320 Saint Nick Dr			Amount 13.50	
City New Orleans	State LA	Zip Code 70131	Transaction ID : b98ebd28-8d8f-4d2c-b Date of Disbursement or Obligation 09 / 13 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 881 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Carla A Wells			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 2013 Woodwind Way			Amount 35.00		
City Van Buren	State NC	Zip Code 72956	Transaction ID : 93b308c5-34b9-4725-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Carla A Wells			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address 2013 Woodwind Way			Amount 7.50		
City Van Buren	State NC	Zip Code 72956	Transaction ID : fe294970-272e-428d-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	42.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div> <div>Amount</div> <div>10.20</div> </div>	
City Conway	State AR	Zip Code 72032	Transaction ID : f0a047b2-3908-4f88-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 13 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 1025 Cayley Ct		Amount 13.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 9705dac2-8193-4cf5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		43.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 884 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Mailing Address 1025 Cayley Ct		Amount 20.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 4bb5c8e8-4da4-4695-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014	
Mailing Address 1025 Cayley Ct		Amount 12.30	
City High Point	State NC	Zip Code 27260	Transaction ID : 64cd861c-61ba-4481-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 13 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		32.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Thomas Dias		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014	
Mailing Address 110 Maryella Dr		Amount 80.00	
City	State	Zip Code	Transaction ID : 5b2395f3-ea46-41ef-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤

(b) **SUBTOTAL** of Unitemized Independent Expenditures ➤

(c) **TOTAL** Independent Expenditures..... ➤

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 886 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 110 Maryella Dr			Amount 59.40		
City Searcy State AR Zip Code 72143		Transaction ID : 063ca8a3-00d4-48a3-9			
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 30.00		
City New Bern State NC Zip Code 28560		Transaction ID : e5be602f-701a-429a-b			
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			89.40		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 887 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 5.10	
City New Bern	State NC	Zip Code 28560	Transaction ID : 20b13a28-912a-4e52-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 40.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : f1e0779d-3e83-447a-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 888 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 6.30		
City Marrero	State LA	Zip Code 70072	Transaction ID : c5576e62-ce69-40f0-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 3 Girard			Amount 75.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 4e60eef8-9529-4ce5-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 14 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 889 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014
Mailing Address 3 Girard		Amount 4.80
City Fort Smith	State AR	Zip Code 72901
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : b28f2f7b-b186-4743-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Royce W Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014
Mailing Address 317 Farris Rd Apt 1		Amount 20.00
City Conway	State AR	Zip Code 72034
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 461662b8-c3c4-49bd-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 890 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Royce W Martin			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount 7.50		
City Conway	State AR	Zip Code 72034	Transaction ID : a68fc441-dafb-47f7-b Date of Disbursement or Obligation 09 / 14 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 34.10		
City Lexington	State NC	Zip Code 27295	Transaction ID : fe6e49bb-5f80-4632-b Date of Disbursement or Obligation 09 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 200 Carawood Lane		Amount 34.10	
City Lexington	State NC	Zip Code 27295	Transaction ID : 29f3f21c-7c1c-432a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>47.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 892 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 70.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : e4a9b232-7c4b-435d-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 13.50		
City New Orleans	State LA	Zip Code 70131	Transaction ID : efdc95f7-d914-488d-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 893 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 110 W Pecan St			Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 02da47c1-d6c3-454a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 110 W Pecan St			Amount 37.80	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 77d4a9a3-7ab7-443b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 894 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 1434 South Avenue		Amount 60.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 43bb7792-5a93-45bc-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 1434 South Avenue		Amount 11.40	
City Eden	State NC	Zip Code 27288	Transaction ID : 5255f554-10d5-4d81-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	71.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 895 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014		
Mailing Address 300 Evangeline St			Amount 45.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : 98ea8cdc-a18c-446e-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014		
Mailing Address 300 Evangeline St			Amount 9.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : d0085343-87cf-46b3-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 896 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 14 / 2014</div> </div>		
Mailing Address 6412 Osage Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 5facddc8-7626-4bb4-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 14 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 14 / 2014</div> </div>		
Mailing Address 6412 Osage Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.80</div>		
City North Little rock	State AR	Zip Code 72116	Transaction ID : ad5e8374-0a18-451a-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 14 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">38.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 897 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 40.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 2542304a-c641-4653-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 6.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : ac841a7b-f12a-4428-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 898 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport		State LA	Zip Code 71104		Transaction ID : 75d0d7a0-85b9-4c23-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 2506 Bolch Street			Amount 69.00		
City Shreveport		State LA	Zip Code 71104		Transaction ID : 1ee9a988-142b-4e62-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			149.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 899 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4b57637b-61e4-4329-9 Date of Disbursement or Obligation 09 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 205 Medallion Circle			Amount 69.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : a25506f4-6bd6-400f-9 Date of Disbursement or Obligation 09 / 14 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			149.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 900 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 14 / 2014</div> </div>	
Mailing Address 220 Doucet Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28.00</div>	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 2dfa8264-d8fc-4856-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 14 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 14 / 2014</div> </div>	
Mailing Address 220 Doucet Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.89</div>	
City Lafayette	State LA	Zip Code 70503	Transaction ID : d1c0c2a3-880a-49cf-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 14 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">29.89</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 901 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014
Mailing Address 18065 Wayne Rd		Amount 80.00
City Odessa	State FL	Zip Code 33556
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 385ac875-a4cd-4894-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014
Mailing Address 1025 Cayley Ct		Amount 20.00
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 4690c192-c0a3-462e-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 902 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 1025 Cayley Ct			Amount 12.90		
City High Point		State NC	Zip Code 27260		Transaction ID : 9bfdb3d7-568a-4cfd-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 80.00		
City Elgin		State SC	Zip Code 29045		Transaction ID : ff7890cc-5cf4-4fd2-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 6101 NORA ST		Amount 50.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 964d8dc0-db52-46ee-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.97
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 904 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 14 / 2014		
Mailing Address 6101 NORA ST			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">2.10</div>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : ca48d71a-e334-4e69-a
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 14 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">35.00</div>		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 303a62b8-ff5c-42c7-a
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">37.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 905 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 4.20		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 7ce71c63-e165-4b31-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 60.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : d5eb75a8-9269-4ed3-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 906 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Brooke A Gilham			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014		
Mailing Address 168 Graduate Lane Apt 324			Amount 70.00		
City Boone	State NC	Zip Code 28607	Transaction ID : f76debd4-ef28-4e34-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Brooke A Gilham			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014		
Mailing Address 168 Graduate Lane Apt 324			Amount 35.40		
City Boone	State NC	Zip Code 28607	Transaction ID : 387ba326-1241-40f8-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 1103 West Wilson Street		Amount 39.60	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 91d70c67-4fa0-4d29-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 908 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014		
Mailing Address 543 S 2nd St			Amount 70.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 562da5de-d8e4-434f-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014		
Mailing Address 543 S 2nd St			Amount 9.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 689dd891-b76b-44bd-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 14 / 2014</div> </div>		
Mailing Address 7151 Mullins Drive			Amount <div> <div>24.90</div> </div>		
City Saltville	State VA	Zip Code 24370	Transaction ID : fccf1077-0d3b-4994-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 14 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought <div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
			District: 00 State: NC		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	74.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital display units are shown, each with a 4-digit display. The first unit shows '01' under 'MM' (Months). The second unit shows '30' under 'DD' (Days). The third unit shows '2015' under 'YYYY' (Years).

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 910 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 409 LaSalle Drive		Amount 15.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : c0faf264-273c-407a-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 09 / 2014	
Mailing Address 409 LaSalle Drive		Amount 3.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : e3fb8ba2-24ba-4a01-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	18.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 911 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 409 LaSalle Drive		Amount 35.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 3eb2963a-9d3a-46b1-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 409 LaSalle Drive		Amount 6.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 1b3d5368-6957-44f8-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 912 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5e52628e-391c-4127-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 2506 Bolch Street			Amount 51.60		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 174f517f-775f-4ae1-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			131.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 913 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address P.O. Box 712			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">55.00</div>		
City Alexander	State AR	Zip Code 72002	Transaction ID : f186e139-3a03-4151-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address P.O. Box 712			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15.30</div>		
City Alexander	State AR	Zip Code 72002	Transaction ID : 3176771f-5262-4431-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">12</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">70.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

01

 /

30

 /

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 914 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Elizabeth M Moore			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 1223 Silver Sage Dr Apt 303			Amount 20.00		
City State Zip Code Raleigh NC 27606		Transaction ID : 931d76ae-ad6e-4b53-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Elizabeth M Moore			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014		
Mailing Address 1223 Silver Sage Dr Apt 303			Amount 6.39		
City State Zip Code Raleigh NC 27606		Transaction ID : c242cb77-0567-41cb-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.39		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 915 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Caleb A Rowan			Date of Public Distribution/Dissemination 09 / 13 / 2014		
Mailing Address 14619 Brown Bear Dr P.O. Box 7481			Amount 80.00		
City Little Rock		State AR	Zip Code 72223		Transaction ID : cf2d5a9c-45ad-434b-b Date of Disbursement or Obligation 09 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 09 / 15 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 50.00		
City Charlotte		State NC	Zip Code 23215		Transaction ID : 6eec0370-847c-4957-b Date of Disbursement or Obligation 09 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			130.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 916 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					

Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 09 / 15 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 11.40		
City Charlotte	State NC	Zip Code 23215	Transaction ID : f2ed114f-e8e3-41bc-8 Date of Disbursement or Obligation 09 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination 09 / 15 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 40.00		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 132fc56f-7f90-4ac7-a Date of Disbursement or Obligation 09 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature _____

[Electronically Filed] Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 917 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>		
Mailing Address 1010 S Dogwood Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.80</div>		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 2f24ea39-2552-4d34-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Mailing Address 205 Medallion Circle			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4e1d31ba-949d-4dfc-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">36.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 918 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014	
Mailing Address 205 Medallion Circle			Amount 15.30	
City Shreveport	State LA	Zip Code 71119	Transaction ID : d222a915-975a-4570-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 4967 Dysartville			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : a24c6953-d723-4692-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 919 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 370bcaa5-4937-4ab7-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 9.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 1f53efb3-7978-4744-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 920 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 5003 Allison Lane		Amount 30.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 9ea1a038-f923-464e-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 5003 Allison Lane		Amount 1.50	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : acff5df9-d5c0-4066-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 921 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination 09 / 15 / 2014		
Mailing Address 345 Auroura Ave			Amount 45.00		
City Metairie	State LA	Zip Code 70006	Transaction ID : 4256f209-de3b-486c-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 09 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination 09 / 15 / 2014		
Mailing Address 345 Auroura Ave			Amount 7.05		
City Metairie	State LA	Zip Code 70006	Transaction ID : 963025dc-47f2-4622-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 09 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.05		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 922 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 907 Randall Drive		Amount 50.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 3d3f54c2-04ab-4296-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 907 Randall Drive		Amount 21.60	
City Searcy	State AR	Zip Code 72149	Transaction ID : 43941e41-ed92-4b37-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	71.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 923 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address Split Oak Drive		Amount 50.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 2e3177f2-6f46-47fa-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address Split Oak Drive		Amount 14.04	
City charlotte	State NC	Zip Code 28227	Transaction ID : 88624c96-61a7-49ff-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.04
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 924 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	

Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Mailing Address 3 Girard			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : d3548b1f-4421-4efa-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Mailing Address 3 Girard			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 9e0a3337-c672-472d-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">78.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M

 /

D D

 /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 925 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 09 / 15 / 2014		
Mailing Address 300 Evangeline St			Amount 60.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : 43f3ea6b-b76d-4a71-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 09 / 15 / 2014		
Mailing Address 300 Evangeline St			Amount 21.60		
City Monroe	State LA	Zip Code 71201	Transaction ID : 80303bb8-92ab-4295-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 926 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 3 Girard St			Amount 30.00		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 84bfef2e-a0c9-4e3e-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 3 Girard St			Amount 10.20		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 77225dee-eb36-4f7b-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 927 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 09 / 15 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 20.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 17cd389e-a12e-4421-a Date of Disbursement or Obligation 09 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 09 / 15 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 19.50		
City Searcy		State AR	Zip Code 72149		Transaction ID : 1aede82a-1845-4134-a Date of Disbursement or Obligation 09 / 15 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 928 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Mailing Address 101 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 963ab06c-2e3e-4a55-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 40.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 3de9cfbd-17a7-4f97-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 929 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 24.90	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 856f2008-d5a6-4fb8-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 450 Judson Dr		Amount 45.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : dfdc2a01-8d2b-428d-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		69.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 930 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Chad E Day		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014 </div>	
Mailing Address 168 Emerald Hill		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 65.00 </div>	
City Forest City	State NC	Zip Code 28043	Transaction ID : 8a5db773-3ec9-4c34-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014 </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 001 </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1095959.94 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014 </div>	
Mailing Address 147 Possum Trot Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 65.00 </div>	
City Bakersville	State NC	Zip Code 28705	Transaction ID : efba7303-492f-42a3-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014 </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 001 </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1095959.94 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 130.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 130.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 931 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014
Mailing Address 147 Possum Trot Rd		Amount 25.20
City Bakersville	State NC	Zip Code 28705
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 0fbebe5e-9b05-4a30-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014
Mailing Address 105 South Dale St		Amount 65.00
City Spruce Pine	State NC	Zip Code 28777
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : ff8e58dd-3376-492d-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	90.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>	
Mailing Address 4006 Wolkswalk Place		Amount <div> <div>MM / DD / YYYY</div> <div>21.50</div> </div>	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 1348c845-6e55-4947-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 933 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 6.60		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 83161e1c-fe60-4d55-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 7151 Mullins Drive			Amount 70.00		
City Saltville	State VA	Zip Code 24370	Transaction ID : c5f861ce-ba5f-44dc-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 934 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Mailing Address 7151 Mullins Drive		Amount 30.30	
City Saltville	State VA	Zip Code 24370	Transaction ID : 8e752d72-23ab-4be3-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Mailing Address 2565 Shire Circle		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : b38cd7cf-c848-4be5-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		50.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 3654 Tara St		Amount 36.00	
City springdale	State AR	Zip Code 72762	Transaction ID : c5d1d09d-0d96-4068-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 936 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 100.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : fc776044-67a0-46ca-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 22.20		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 1e1d302e-f4f2-4fa3-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			122.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 937 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 110 W Pecan St			Amount 65.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 350ccb2d-99d6-45a7-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 110 W Pecan St			Amount 39.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : aba65613-c140-4f39-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	104.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 20.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 415d5095-294b-434a-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 939 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 629 Radiance Ave			Amount 60.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 8235e4f9-db25-4ed6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 629 Radiance Ave			Amount 13.50		
City Metairie	State LA	Zip Code 70001	Transaction ID : 32abfa66-3117-486f-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 940 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 282 Falls Ave		Amount 30.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 50e51487-8757-4a33-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 282 Falls Ave		Amount 17.40	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : e3994863-3a66-411f-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 941 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 20.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 8d31d8b3-2419-40ee-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 4.80	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 1836ccf9-5f87-496e-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 220 Doucet Rd		Amount 2.25	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 778c314a-9499-42f7-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27.25
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 943 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 205 Medallion Circle		Amount 70.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 3aee4e0a-9c93-4da2-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 205 Medallion Circle		Amount 24.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : b4d76899-2062-40ed-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	94.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Meagan M Cates		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>	
Mailing Address 1425 Arden Lane		Amount <div> <div>MM / DD / YYYY</div> <div>8.49</div> </div>	
City Conway	State AR	Zip Code 72034	Transaction ID : d9275d61-2433-408f-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.49
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 945 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY <div>09 / 15 / 2014</div>	
Mailing Address 6412 Osage Dr			Amount <div>20.00</div>	
City North Little rock	State AR	Zip Code 72116	Transaction ID : a8b82d90-dc94-4f48-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <div>09 / 15 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div>292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY <div>09 / 15 / 2014</div>	
Mailing Address 6412 Osage Dr			Amount <div>3.45</div>	
City North Little rock	State AR	Zip Code 72116	Transaction ID : fea638c9-2516-4478-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <div>09 / 15 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div>292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div>23.45</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div></div>
(c) TOTAL Independent Expenditures..... ▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 946 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Brooke A Gilham		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
Mailing Address 168 Graduate Lane Apt 324		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 80.00 </div> </div>	
City Boone	State NC	Zip Code 28607	Transaction ID : 47f40d8f-2359-456d-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Brooke A Gilham		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
Mailing Address 168 Graduate Lane Apt 324		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 36.60 </div> </div>	
City Boone	State NC	Zip Code 28607	Transaction ID : 889714e2-3c82-4321-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 116.60 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 947 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 2506 Bolch Street			Amount 40.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 8ddfa1b1-16ec-4314-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 2506 Bolch Street			Amount 12.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 8ddbcf3e-07cb-4ece-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 40.00	
City	State	Zip Code	Transaction ID : 394db709-f4fa-4a84-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 15 / 2014</div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div> <div></div> <div>23.52</div> </div>	
City	State	Zip Code	Transaction ID : 8b55bb41-15cd-4f8b-9 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 15 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.52
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 949 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014		
Mailing Address 1103 West Wilson Street		Amount 55.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 25e61d70-92a8-4511-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014		
Mailing Address 1103 West Wilson Street		Amount 39.30		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 25331a0b-96eb-4e9f-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		94.30		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 950 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 106 Hillside St		Amount 75.00	
City Spindale	State NC	Zip Code 28160	Transaction ID : 13dc39a3-632e-4bd0-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 106 Hillside St		Amount 27.99	
City Spindale	State NC	Zip Code 28160	Transaction ID : 320d92b2-4000-4d98-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	102.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 951 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 6101 NORA ST		Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 5517d4f3-57c0-473f-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 6101 NORA ST		Amount 3.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 0019e43c-bfb6-4a81-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	73.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 952 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 20.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 9f3412e8-85fc-4928-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 6.30	
City Little Rock	State AR	Zip Code 72212	Transaction ID : db3329eb-3043-458c-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 953 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 286 Wrenn Drive			Amount 35.00		
City Lexington	State NC	Zip Code 27292	Transaction ID : 7a643d59-8238-4694-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 1900 Glen West Way			Amount 50.00		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 53520478-d528-4092-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 954 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 40.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : d5da3609-466b-489b-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 24.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : b44a6395-668e-4f0c-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 955 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount 35.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 68bf09-ed61-40db-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount 9.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : fabe7ea4-c455-412c-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 956 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 100 Asbury Ct			Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 7f3ea15c-6efe-4cc5-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 100 ASBURY CT			Amount 50.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 3e071bc3-b332-4896-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>	
Mailing Address 100 Asbury Ct		Amount <div> <div>MM / DD / YYYY</div> <div>60.00</div> </div>	
City Winchester	State VA	Zip Code 22602	Transaction ID : f4ab1355-10fa-422b-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 958 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 60.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f10c4b53-00a9-488a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014
Mailing Address 100 Asbury Ct		Amount 60.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 19d178b0-88a0-4127-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 448 Judson Dr			Amount 5.70		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 1d26ed87-cd9a-4977-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 960 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>	
Mailing Address 20679 Glenbrook Terrace		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">70.00</div>	
City Sterling	State VA	Zip Code 20165	Transaction ID : 3c0bd20d-9ac4-4c7b-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>	
Mailing Address 2329 Runnymede Dr		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>	
City Marrero	State LA	Zip Code 70072	Transaction ID : ecbfadb4-d7be-485c-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">120.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 961 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2329 Runnymede Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6.30</div>		
City Marrero	State LA	Zip Code 70072	Transaction ID : 38aa0f87-8ed8-4461-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1436 Haigs Creek Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Elgin	State SC	Zip Code 29045	Transaction ID : e76a653a-ee08-48cf-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">56.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 962 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 27.57		
City Elgin		State SC	Zip Code 29045		Transaction ID : 98fc0a85-0e9d-4759-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 18065 Wayne Rd			Amount 50.00		
City Odessa		State FL	Zip Code 33556		Transaction ID : ff75d673-caa3-4faf-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.57		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 3007 Darden Rd		Amount 32.40	
City Greensboro	State NC	Zip Code 27407	Transaction ID : adfe3d1e-4b6e-4d9e-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 3007 Darden Rd		Amount 90.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2e27a68f-2d17-488a-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 308 West Main Street		Amount 115.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : c8ec0130-4eec-4e4e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	205.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 965 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 308 West Main Street			Amount 33.00		
City Pilot Mountain		State NC	Zip Code 27041		Transaction ID : 50ac1f78-cfa8-4cd1-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 1700 E Part Ave			Amount 52.50		
City Searcy		State AR	Zip Code 72149		Transaction ID : 5efd56f3-cedc-4e83-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 966 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Mailing Address 1700 E Part Ave		Amount 32.46	
City Searcy	State AR	Zip Code 72149	Transaction ID : 814ca7d2-8943-45c1-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014	
Mailing Address 308 West Main Street		Amount 115.00	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : ac03fe24-a4e8-48f5-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		147.46	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 967 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 2320 Saint Nick Dr		Amount 80.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 4cbe50c7-92a2-4394-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 2320 Saint Nick Dr		Amount 9.60		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 67086390-6b07-40ea-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		89.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 968 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 1025 Cayley Ct		Amount 80.00	
City High Point	State NC	Zip Code 27260	Transaction ID : cc7344d7-8f35-4b6d-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 1025 Cayley Ct		Amount 22.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 70235bac-40e4-4f4e-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		102.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 969 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 1025 Cayley Ct		Amount 80.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 09cba875-6552-40b2-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 1025 Cayley Ct		Amount 23.70	
City High Point	State NC	Zip Code 27260	Transaction ID : 6d2e3ba6-7665-4c24-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	103.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 970 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 4902 Catawba Dr		Amount 85.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : cb11c3ad-5f0a-494f-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 4902 Catawba Dr		Amount 23.40	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 8b62d1e2-16f1-43b8-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	108.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 971 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Carla A Wells		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 15 / 2014 </div>	
Mailing Address 2013 Woodwind Way		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 45.00 </div>	
City Van Buren	State NC	Zip Code 72956	Transaction ID : 6d2aac66-b3b8-435f-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 15 / 2014 </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carla A Wells		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 15 / 2014 </div>	
Mailing Address 2013 Woodwind Way		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 4.50 </div>	
City Van Buren	State NC	Zip Code 72956	Transaction ID : 4b95bfa9-6293-48d5-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 15 / 2014 </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">49.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01 / 30 / 2015

Signature

Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 924 N. Prieur St			Amount 80.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 44c2517c-d42b-4125-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 973 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>	
Mailing Address 924 N. Prieur St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.00</div>	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 32c5f55a-d366-4a9c-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : ea09f8e0-1eb0-49f1-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 15 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">59.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 2121 Daniel Dr		Amount 55.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f35965d0-03e1-4677-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 65.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 3384db04-ad1d-439a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		117.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 976 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 9.60		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 379e7322-a693-41ea-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 1410 Bushville drive			Amount 60.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 0bb04b82-ec9c-4adb-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Clarissa Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address HU 10233 915 E Mancet Ave		Amount 40.00	
City	State	Zip Code	Transaction ID : 9bd67949-2026-40d7-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures ➤	
(c) TOTAL Independent Expenditures..... ➤	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 978 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Clarissa Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address HU 10233 915 E Mancet Ave			Amount 18.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 0eae9bf5-5fcf-40ac-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee William M Goldsmith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 211 Pearl St			Amount 27.50		
City Drexel	State NC	Zip Code 28619	Transaction ID : 342415e3-621d-44b3-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 979 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y		

Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination 09 / 15 / 2014	
Mailing Address 211 Pearl St		Amount 16.56	
City Drexel	State NC	Zip Code 28619	Transaction ID : 4703c256-e05a-4828-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 09 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination 09 / 04 / 2014	
Mailing Address 106 Hillside St		Amount 90.00	
City Spindale	State NC	Zip Code 28160	Transaction ID : 512d7321-229f-4e99-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 09 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	106.56
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01 / 30 / 2015

Signature

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>	
Mailing Address 3315 Cardinal Ridge Rd		Amount <div> <div>MM / DD / YYYY</div> <div>50.00</div> </div>	
City Greensboro	State NC	Zip Code 27410	Transaction ID : c07213fd-f363-42b3-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 15 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 981 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 09 / 15 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 23.10		
City Greensboro	State NC	Zip Code 27410	Transaction ID : 701678cf-5472-47b5-9 Date of Disbursement or Obligation 09 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 09 / 14 / 2014		
Mailing Address 112 apache Dr			Amount 15.00		
City Search	State AR	Zip Code 72149	Transaction ID : 97716968-cd41-4feb-9 Date of Disbursement or Obligation 09 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 982 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2014	
Mailing Address 112 apache Dr		Amount 3.00	
City Search	State AR	Zip Code 72149	Transaction ID : 8840939c-af1a-4305-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014	
Mailing Address 407 randall Dr		Amount 70.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 88ae15de-8213-4732-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		73.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 983 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2014</div>		
Mailing Address 407 randall Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27.00</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 5658908b-41d5-4375-a
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 15 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>		
Mailing Address 4967 Dysartville			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Morganton		State NC	Zip Code 28655		Transaction ID : 29d10d0b-7881-4ea8-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">107.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 984 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 80.00		
City Morganton		State NC	Zip Code 28655		Transaction ID : 91fb7aca-0c96-406d-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 8.10		
City Morganton		State NC	Zip Code 28655		Transaction ID : 8a1a8375-73cc-4a19-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Royce W Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 317 Farris Rd Apt 1		Amount 12.00	
City Conway	State AR	Zip Code 72034	Transaction ID : d4c25824-c17e-4169-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px; height: 30px; text-align: right;">32.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px; height: 30px;"></div>
(c) TOTAL Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px; height: 30px;"></div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 986 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> </div> </div>	

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div> </div>	
Mailing Address 160 #50 Pompano Dr		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">45.00</div>	
City New Bern	State NC	Zip Code 28560	Transaction ID : 4c36ef30-7737-4183-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div> </div>	
Mailing Address 160 #50 Pompano Dr		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.32</div>	
City New Bern	State NC	Zip Code 28560	Transaction ID : 9e185277-1be9-4cec-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">49.32</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M
D D
Y Y Y Y Y Y

01
30
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 987 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address 3315 Cardinal Ridge Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Greensboro	State NC	Zip Code 27410	Transaction ID : d29abc27-9a32-406b-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address 3315 Cardinal Ridge Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.50</div>		
City Greensboro	State NC	Zip Code 27410	Transaction ID : c8b4a9a0-f6ec-493e-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	72.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 988 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014
Mailing Address 5330 Nestleway Dr		Amount 40.00
City Clemmons	State NC	Zip Code 27012
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 1115ba2e-a76b-423c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014
Mailing Address 5330 Nestleway Dr		Amount 6.00
City Clemmons	State NC	Zip Code 27012
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : bd6ca660-b5e0-4f28-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 989 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 45.00		
City Bogalusa		State LA	Zip Code 70427		Transaction ID : db32a6e7-2c3b-4363-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 12.90		
City Bogalusa		State LA	Zip Code 70427		Transaction ID : 87c42bcf-ddbe-4fa9-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 990 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 5827 Brighton Pl		Amount 30.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : ad779255-ffea-4b8b-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 5827 Brighton Pl		Amount 9.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : faffab47-13b5-4a2a-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		39.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 991 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 35.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : c4a47844-afcf-47b8-b Date of Disbursement or Obligation 09 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 11.40		
City Charlotte	State NC	Zip Code 23215	Transaction ID : c61ad65a-1a46-4991-b Date of Disbursement or Obligation 09 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 992 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 9425 Jessica Drive			Amount 40.00		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 7777a1c1-f89f-4792-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 9425 Jessica Drive			Amount 15.30		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 19655f7d-25fa-450c-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 993 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 67cdb7a2-3aaa-4bd4-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 60.00	
City Alma	State AR	Zip Code 72921	Transaction ID : 4696da88-3a3e-4512-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 345 Auroura Ave		Amount 55.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : 79524524-971d-4250-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 995 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 345 Auroura Ave			Amount 9.54		
City Metairie		State LA	Zip Code 70006		Transaction ID : ae8e3ec5-2497-4a6f-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 448 Judson Dr			Amount 42.50		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : 0a0611d0-2702-40e9-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.04		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 996 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>16</div><div>2014</div></div>	
Mailing Address 105 South Dale St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : ffe8b273-5386-4148-a Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>16</div><div>2014</div></div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>16</div><div>2014</div></div>	
Mailing Address 105 South Dale St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.00</div>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : d64db61a-768d-40d2-9 Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>09</div><div>16</div><div>2014</div></div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">87.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01

30

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 997 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address 105 South Dale St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 5f78786f-3ccb-4622-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address 147 Possum Trot Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 213cb4c2-edac-41c1-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">150.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 998 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 147 Possum Trot Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12.60</div>		
City Bakersville	State NC	Zip Code 28705	Transaction ID : a7dd77b4-5f9a-4c79-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1900 Glen West Way			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75.00</div>		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : a7c6e07c-478e-4be2-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">87.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1900 Glen West Way		Amount 21.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 18e897e8-58b0-4b24-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>	
Mailing Address 5003 Allison Lane		Amount <div> <div>20.00</div> </div>	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 1d1d1245-7e9e-4679-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div> <div>292434.22</div> </div>		District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>	
Mailing Address 3 Girard St		Amount <div> <div>30.00</div> </div>	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 914ddffe-cc30-4a54-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination 09 / 16 / 2014	
Mailing Address 3 Girard		Amount 80.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 14691916-b215-4d6b-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 09 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1002 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 3 Girard		Amount 10.20	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : d4a8062b-db41-41c5-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 44 Bell St		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 8e66c169-537d-42c2-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		70.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1003 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> </div> </div>	

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div>	
Mailing Address 44 Bell St		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 28.20 </div> </div>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 953e5650-fd95-47de-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div>	
Mailing Address 44 Bell Street Ext		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 60.00 </div> </div>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : ade3cc56-f21e-4c5a-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> 88.20 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

M M M
D D D
Y Y Y Y Y Y

01
30
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1004 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 44 Bell Street Ext			Amount 28.20		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : d037a49d-552e-421f-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 450 Judson Dr			Amount 44.00		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : 82c1380a-0ce1-4172-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1005 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 450 Judson Dr		Amount 10.20	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 1f8644b2-1a39-4b24-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 924 N. Prieur St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 8f803da1-ff88-4006-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1006 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 924 N. Prieur St			Amount 18.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 48463fbc-01e0-48cb-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 8822 Apple St			Amount 60.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : e6ed57cf-9600-4134-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1007 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 3654 Tara St			Amount 50.00		
City springdale	State AR	Zip Code 72762	Transaction ID : 72502dc7-25f1-4c1b-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 409 LaSalle Drive			Amount 35.00		
City Little Rock	State AR	Zip Code 72211	Transaction ID : bb18e851-ed14-493f-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1008 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 409 LaSalle Drive			Amount 15.00		
City Little Rock	State AR	Zip Code 72211	Transaction ID : d19262da-c790-469f-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Charity A Carr			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 13827 S E 44th St			Amount 50.00		
City Choctaw	State OK	Zip Code 73020	Transaction ID : 17369b56-2767-4b69-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1009 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 106 Hillside St		Amount 77.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : cf79d3ea-d69b-4eb6-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 106 Hillside St		Amount 44.13	
City Spindale	State NC	Zip Code 28160	Transaction ID : 61e22594-2098-45ab-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	121.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1010 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 629 Radiance Ave			Amount 40.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : a5724b8a-e5a3-48f3-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 629 Radiance Ave			Amount 9.90		
City Metairie	State LA	Zip Code 70001	Transaction ID : 1d0f5763-c768-4426-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1011 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 101 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 7320668a-0648-4ebd-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Chad E Day		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 168 Emerald Hill		Amount 70.00	
City Forest City	State NC	Zip Code 28043	Transaction ID : b6240b1a-0e65-4348-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1012 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 60.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 07301cc8-d089-4bc3-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 29.10	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 66e2244a-47cd-45d8-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	89.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1013 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Caleb A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 2646 N Valencia		Amount 35.00	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : c25c33b2-4c8d-4f63-8
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Caleb A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 2646 N Valencia		Amount 6.90	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : ac18c2a2-3248-452b-8
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>	
Mailing Address 272 Westgate Ct Apt 6		Amount <div> <div>MM / DD / YYYY</div> <div>8.10</div> </div>	
City Lexington	State NC	Zip Code 27295	Transaction ID : c6c878a9-14f1-435a-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1015 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 200 Carawood Lane			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">13.00</div>		
City Lexington	State NC	Zip Code 27295	Transaction ID : bc9d7266-e7f4-4eb2-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 1434 South Avenue			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">100.00</div>		
City Eden	State NC	Zip Code 27288	Transaction ID : 6da8bf20-0fd9-443f-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">113.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1016 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																									
D	D																									
Y	Y	Y	Y	Y	Y																					

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>16</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2014		M	M		09			D	D		16			Y	Y	Y	Y	Y	Y						
M	M																										
09																											
D	D																										
16																											
Y	Y	Y	Y	Y	Y																						
Mailing Address 1434 South Avenue		Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>9.60</td></tr> </table>													9.60												
					9.60																						
City Eden	State NC	Zip Code 27288	Transaction ID : 0aea73b3-80f0-441c-b																								
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>16</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2014	M	M		09			D	D		16			Y	Y	Y	Y	Y	Y						
M	M																										
09																											
D	D																										
16																											
Y	Y	Y	Y	Y	Y																						
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC																								
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>1095959.94</td></tr> </table>													1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶													
					1095959.94																						

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>16</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2014		M	M		09			D	D		16			Y	Y	Y	Y	Y	Y						
M	M																										
09																											
D	D																										
16																											
Y	Y	Y	Y	Y	Y																						
Mailing Address 6412 Osage Dr		Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>60.00</td></tr> </table>													60.00												
					60.00																						
City North Little rock	State AR	Zip Code 72116	Transaction ID : c9cc4f85-6c37-4f87-8																								
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>16</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2014	M	M		09			D	D		16			Y	Y	Y	Y	Y	Y						
M	M																										
09																											
D	D																										
16																											
Y	Y	Y	Y	Y	Y																						
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR																								
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>292434.22</td></tr> </table>													292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶													
					292434.22																						

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>69.60</td></tr> </table>												69.60
					69.60								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M	M	
01		

 /

D	D	
30		

 /

Y	Y	Y	Y	Y	Y

 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1017 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 6412 Osage Dr			Amount 3.93		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 5d62d241-d4ea-4e8d-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 60.00		
City College Grove	State TN	Zip Code 37046	Transaction ID : e8daf26e-5c87-4dd7-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.93		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1018 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 506 N Horton Street		Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : ef6b3159-8273-4862-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 506 N Horton Street		Amount 28.20		
City Searcy	State AR	Zip Code 72143	Transaction ID : 77cd2e80-0083-4641-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		88.20		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1019 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Shanon Snyder			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address 2701 Winifred			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>		
City Metairie	State LA	Zip Code 70003	Transaction ID : 07ce281e-c8bd-4408-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Shanon Snyder			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address 2701 Winifred			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.50</div>		
City Metairie	State LA	Zip Code 70003	Transaction ID : fe18325b-47eb-4e0e-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">80.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1020 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 50.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 3793f2e3-2336-4653-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 25.50	
City Charolette	State NC	Zip Code 28215	Transaction ID : 22626ab0-8bfb-4594-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1021 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 20.00		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 158793f0-3ee3-4456-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 8.10		
City Raleigh	State NC	Zip Code 27610	Transaction ID : a92a8add-5494-444b-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 110 W Pecan St		Amount 42.60	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6cc35c6f-600e-4aeb-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		97.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1023 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Mary Frank			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 14 Ramblewood Drive			Amount 20.00	
City Covington	State LA	Zip Code 70435	Transaction ID : 809023a8-6148-4230-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mary Frank			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 14 Ramblewood Drive			Amount 0.75	
City Covington	State LA	Zip Code 70435	Transaction ID : fc707b60-fdc5-4e86-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.75	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1024 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Hannah E Baker			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>		
Mailing Address 5307 South State Road 135			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Morgantown		State IN	Zip Code 46160		Transaction ID : 7e20f73d-fab6-4c08-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Hannah E Baker			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>		
Mailing Address 5307 South State Road 135			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">42.00</div>		
City Morgantown		State IN	Zip Code 46160		Transaction ID : a3e0c708-0a47-4f2d-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">92.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1025 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Natalie M Foutch		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 1057 Waldron Road		Amount 31.00		
City LaVergne	State TN	Zip Code 37086	Transaction ID : a23821bf-8e7e-4ae1-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address Box #11543 915 E Market Ave		Amount 32.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : a90c14e5-f6f3-484b-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		63.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1026 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>					
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address Box #11543 915 E Market Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">19.50</div>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 2b514128-5829-4c09-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 205 Medallion Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">80.00</div>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 7d63aff8-4907-474b-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">99.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1027 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 09 / 16 / 2014	
Mailing Address 205 Medallion Circle			Amount 69.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : ee33aa71-5b10-4718-b Date of Disbursement or Obligation 09 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 09 / 16 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 93836dbb-a4f8-46c8-9 Date of Disbursement or Obligation 09 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			149.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1028 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 2506 Bolch Street		Amount 70.20	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 137a5f4e-0ba6-4338-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 592d33fa-6a52-4dd0-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	95.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1029 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 220 Doucet Rd			Amount 2.91		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 3d4e5bb0-a2a9-4498-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 14.80		
City Conway	State AR	Zip Code 72034	Transaction ID : 2929d6ee-1a09-4cbc-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			17.71		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1030 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 12.39	
City Conway	State AR	Zip Code 72034	Transaction ID : 58136d87-3b61-475e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 2183 Spokane Rd		Amount 60.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : b458f538-c3a2-4352-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	72.39
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1031 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2183 Spokane Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19.50</div>		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : b796a87f-94b6-4088-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">70.00</div>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 7371bf99-d421-48cf-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">89.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1032 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 9.30		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 9bcb52f4-ebef1-4caa-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 308 West Main Street			Amount 94.50		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : eca9ec42-ae09-4c5e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1033 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 308 West Main Street			Amount 29.61		
City Pilot Mountain		State NC	Zip Code 27041		Transaction ID : 89a87f8a-739f-4661-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 308 West Main Street			Amount 94.50		
City Plot Mountain		State NC	Zip Code 27041		Transaction ID : ea56c654-a9e9-4dfb-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.11		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 30.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 532b6c83-0045-4111-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 3.60	
City Conway	State AR	Zip Code 72034	Transaction ID : 3e04e8d2-8967-4d47-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ►	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Clay A McCreary		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>	
Mailing Address 1762 Orchard Drive		Amount <div> <div>MM / DD / YYYY</div> <div>21.00</div> </div>	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 3c22133c-46e3-4425-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	91.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1036 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 36.00	
City Conway	State AR	Zip Code 72032	Transaction ID : e134c08b-9552-4fee-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 15.90	
City Conway	State AR	Zip Code 72032	Transaction ID : ff021ada-d702-4c70-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 3.12	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : b07f111c-3f97-47a4-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.12
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1038 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 90.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 84e3740f-ab5a-41a3-b Date of Disbursement or Obligation 09 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 21.30		
City Raleigh	State NC	Zip Code 27604	Transaction ID : c8d2cf08-ce41-4fa8-b Date of Disbursement or Obligation 09 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1039 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 3007 Darden Rd		Amount 100.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 28cab738-439c-483a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 3007 Darden Rd		Amount 39.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 505691fd-cce0-4204-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	139.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Tracy M Hargett		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 5133 Lord Bryon Road		Amount 5.00	
City Wilmington	State NC	Zip Code 28405	Transaction ID : 10351f18-773e-4479-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1041 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee Tracy M Hargett		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div>	
Mailing Address 5133 Lord Bryon Road		Amount <div style="border: 1px solid black; padding: 2px;">25.80</div>	
City Wilmington	State NC	Zip Code 28405	Transaction ID : 35f47915-2621-4153-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div>	
Mailing Address 2730 Dave Ward Dr		Amount <div style="border: 1px solid black; padding: 2px;">40.00</div>	
City Conway	State AR	Zip Code 72034	Transaction ID : 88bb96cc-f1ca-44cd-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 16 2014 </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">65.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01
30
2015

Signature

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>	
Mailing Address 1436 Haigs Creek Dr		Amount <div> <div>Amount</div> <div>65.00</div> </div>	
City Elgin	State SC	Zip Code 29045	Transaction ID : 0b57ec97-837f-46e7-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 30.99	
City Elgin	State SC	Zip Code 29045	Transaction ID : 674b1823-9c42-4c82-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 18065 Wayne Rd		Amount 65.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : af378d8d-00d3-4fc6-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.99
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>	
Mailing Address 100 ASBURY CT		Amount <div> <div>Amount</div> <div>70.00</div> </div>	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 2fd43ffe-8d7d-42b1-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 16 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>140.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1045 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 100 Asbury Ct			Amount 60.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 9fde63be-8807-4075-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 34b518fa-0d9a-4801-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1046 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 725d3fd6-dd88-4835-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 6405df3b-fb9b-4acc-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1047 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 16 / 2014</div>	
Mailing Address 102 S Main Street Apt A2		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City Berryville	State VA	Zip Code 22611	Transaction ID : 5e953451-794a-46f4-8 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 16 / 2014</div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			

Full Name of Payee Carla A Wells		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 16 / 2014</div>	
Mailing Address 2013 Woodwind Way		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>	
City Van Buren	State NC	Zip Code 72956	Transaction ID : d56c4d4b-6af5-46f0-8 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 16 / 2014</div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">130.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1048 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Carla A Wells			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 2013 Woodwind Way			Amount 3.60		
City Van Buren		State NC	Zip Code 72956		Transaction ID : 3b3d60e0-6aa9-405c-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 40.00		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 998d6cfa-db3b-4278-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1050 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address 1700 E Part Ave			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 8ce7f444-ac98-42ce-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292434.22</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Mailing Address 1700 E Part Ave			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">16.17</div>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 332fca69-994f-461c-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 16 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292434.22</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">46.17</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1051 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 905 Lake Drive			Amount 40.00		
City Shelby	State NC	Zip Code 28152	Transaction ID : 6734b419-00f1-4041-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 905 Lake Drive			Amount 35.40		
City Shelby	State NC	Zip Code 28152	Transaction ID : 91647961-0c6c-4ae6-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1052 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 2565 Shire Circle			Amount 30.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 1beea931-d9f9-446e-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 1025 Cayley Ct			Amount 77.50		
City High Point	State NC	Zip Code 27260	Transaction ID : 6e79979a-8bdf-4a55-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1053 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2014	
Mailing Address 1025 Cayley Ct		Amount 23.70	
City High Point	State NC	Zip Code 27260	Transaction ID : bca936b0-93a5-4e79-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2014	
Mailing Address 1025 Cayley Ct		Amount 62.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 0594aa6c-f952-4f1b-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		86.20	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 01 / 30 / 2015	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination <div> <div>09</div> <div>16</div> <div>2014</div> </div>	
Mailing Address 4902 Catawba Dr		Amount <div>67.50</div>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1157493f-7e3f-4467-a Date of Disbursement or Obligation <div> <div>09</div> <div>16</div> <div>2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<div>1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>90.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1055 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 4902 Catawba Dr		Amount 23.10	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6ff43946-a61d-4194-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 08080e91-de3f-4240-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	93.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1056 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 543 S 2nd St			Amount 10.80		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 8b1ac698-bf38-4912-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Trent Minner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2014		
Mailing Address 2000 W University St			Amount 30.00		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : f659020e-6254-433b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1057 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Trent Minner			Date of Public Distribution/Dissemination 09 / 16 / 2014	
Mailing Address 2000 W University St			Amount 13.50	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 913ce0fa-3082-4007-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 09 / 16 / 2014	
Mailing Address 7 Bards Lane			Amount 45.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 0eb60663-21f9-42d4-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			58.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1058 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 7 Bards Lane			Amount 6.90		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 085fc433-0568-4669-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 7151 Mullins Drive			Amount 90.00		
City Saltville	State VA	Zip Code 24370	Transaction ID : a35bec68-3e98-40f0-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1059 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 7151 Mullins Drive			Amount 47.10		
City Saltville	State VA	Zip Code 24370	Transaction ID : cf68581c-3c59-4d0f-8 Date of Disbursement or Obligation 09 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 09 / 16 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 105.00		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : aacae6fe-8a90-4d31-8 Date of Disbursement or Obligation 09 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			152.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1060 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>		
Mailing Address 9455 Snow Camp Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9.60</div>		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 7bda1b34-69e2-4754-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 16 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>		
Mailing Address 22369 Ponderosa Dr.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Mandeville		State LA	Zip Code 70471		Transaction ID : a38e6c99-2f52-4b53-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">59.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1061 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 9.30		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 64537222-1fd2-49b9-a Date of Disbursement or Obligation 09 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 80.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 6ad6f562-adf7-4215-8 Date of Disbursement or Obligation 09 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1062 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 3.84		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 449fec3d-eeac-4b2f-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 60.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 1bd8eb5a-7468-481a-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.84		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1063 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 17.50		
City Conway	State AR	Zip Code 72032	Transaction ID : bd99d21b-fb32-416b-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 6.90		
City Conway	State AR	Zip Code 72032	Transaction ID : bf4f6426-582e-4b43-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1064 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Paramount Originally reported as \$5.52		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 17 / 2014 </div>	
Mailing Address 525-K East Market Street 114		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 300.21 </div>	
City Leesburg	State VA	Zip Code 20176	Transaction ID : 0bbceb1e-4999-471e-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 17 / 2014 </div>
Purpose of Expenditure Blast Emails	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Paramount		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 17 / 2014 </div>	
Mailing Address 525-K East Market Street 114		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 195.92 </div>	
City Leesburg	State VA	Zip Code 20176	Transaction ID : 1f66838c-2174-4e26-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 17 / 2014 </div>
Purpose of Expenditure Blast Emails	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">496.13</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1065 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Paramount		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 525-K East Market Street 114		Amount 19.25	
City Leesburg	State VA	Zip Code 20176	Transaction ID : 26d18010-6a8f-4b2a-9
Purpose of Expenditure Blast Emails		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Paramount		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 525-K East Market Street 114		Amount 19.25	
City Leesburg	State VA	Zip Code 20176	Transaction ID : e9d8f3e0-63f8-4465-8
Purpose of Expenditure Blast Emails		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1066 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 1410 Bushville Dr			Amount 35.00		
City Lenoir		State NC	Zip Code 28645		Transaction ID : 0d89f260-688f-473e-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 1410 Bushville Dr			Amount 11.40		
City Lenoir		State NC	Zip Code 28645		Transaction ID : eb0adfaa-9af6-498b-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 5.46	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 91e4a05e-41aa-4338-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.46
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Jodi Fountain		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 40.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 81d7ba72-1839-40eb-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee William M Goldsmith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 211 Pearl St		Amount 45.00	
City Drexel	State NC	Zip Code 28619	Transaction ID : 8ef925c3-6d5d-4757-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		57.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1070 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee William M Goldsmith			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 211 Pearl St			Amount 22.11		
City Drexel		State NC	Zip Code 28619		Transaction ID : e64c4e8f-3217-4f9d-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 5827 Brighton Pl			Amount 15.00		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 75f5dd57-97e6-4767-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.11		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1071 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Mailing Address 5827 Brighton Pl			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">6.30</div>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : b6e33593-120f-47bc-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Mailing Address 7214 Duchamp Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">50.00</div>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : a77d568d-8238-4f2a-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">56.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 30 / 2015</div>	

Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>		
Mailing Address 7214 Duchamp Dr			Amount <div> <div></div> <div>11.10</div> </div>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : ca61e48b-3559-470b-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 448 Judson Dr		Amount 20.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 16f977d5-b1c9-465c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '01' with 'M' indicators above the segments. The second unit shows '30' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. The units are separated by slashes.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1073 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 450 Judson Dr			Amount 20.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : abf44031-c086-4d19-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 450 Judson Dr			Amount 4.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 31b92e33-5526-43ce-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1074 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 5003 Allison Lane		Amount 40.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : afb7e4c0-3f6d-4753-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 5003 Allison Lane		Amount 1.50	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 3de5c73e-ee85-4838-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1075 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 4691 Hercules Lane			Amount 100.00		
City Woodbridge		State VA	Zip Code 22193		Transaction ID : c2e6b182-2848-4b78-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Paramount			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 525-K East Market Street 114			Amount 38.31		
City Leesburg		State VA	Zip Code 20176		Transaction ID : a52cf776-637e-4c43-9
Purpose of Expenditure Blast Emails		Category/Type 004		Date of Disbursement or Obligation 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			138.31		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1076 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Paramount <div style="text-align: right; font-size: small;">Originally reported as \$38.31</div>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>	
Mailing Address 525-K East Market Street 114		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">114.93</div>	
City Leesburg	State VA	Zip Code 20176	Transaction ID : 4d088b05-ceae-4a74-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>
Purpose of Expenditure Blast Emails		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Paramount		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>	
Mailing Address 525-K East Market Street 114		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">38.31</div>	
City Leesburg	State VA	Zip Code 20176	Transaction ID : 6f6559af-2619-4172-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>
Purpose of Expenditure Blast Emails		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">153.24</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1077 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Paramount			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 525-K East Market Street 114			Amount 38.31		
City Leesburg		State VA	Zip Code 20176		Transaction ID : 1b53e531-aab9-45be-8
Purpose of Expenditure Blast Emails		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Erin L Hogan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 110 Teresa Lane			Amount 65.00		
City Pocahontas		State AR	Zip Code 72455		Transaction ID : b21aadbe-d28e-493d-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.31		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1078 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Erin L Hogan			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 110 Teresa Lane			Amount 36.00		
City Pocahontas	State AR	Zip Code 72455	Transaction ID : 0197014b-ab90-4c2e-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Miranda A Resinos			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 1430 Sunnyside Rd			Amount 60.00		
City Alma	State AR	Zip Code 72921	Transaction ID : 7fd3ec7e-b3b6-4f6e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1079 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014
Mailing Address 1430 Sunnyside Rd		Amount 9.48
City Alma	State AR	Zip Code 72921
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e57112ad-16d0-4ee0-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Paramount		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014
Mailing Address 525-K East Market Street 114		Amount 116.44
City Leesburg	State VA	Zip Code 20176
Purpose of Expenditure Blast Emails	Category/Type 004	Transaction ID : 14456129-db55-4bc3-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	125.92
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1080 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Paramount			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 525-K East Market Street 114			Amount 116.44		
City Leesburg		State VA	Zip Code 20176		Transaction ID : fa933367-2bc2-40fc-9
Purpose of Expenditure Blast Emails		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 60.00		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 38b25ec5-c06b-4711-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			176.44		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1081 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 7.20		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 4301f662-cca2-4550-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Carla A Wells			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 2013 Woodwind Way			Amount 45.00		
City Van Buren	State NC	Zip Code 72956	Transaction ID : d45c8ea3-a2dc-4716-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	52.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Trent Minner		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>	
Mailing Address 2000 W University St		Amount <div> <div></div> <div>1.50</div> </div>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 39b8cdca-f870-446a-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">11.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 30px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px;"></div>

Signature

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 409 LaSalle Drive		Amount 7.50	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 296bc462-522f-4a5e-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	82.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1084 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Chad E Day		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 168 Emerald Hill		Amount 65.00	
City Forest City	State NC	Zip Code 28043	Transaction ID : 96181927-ca30-4125-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Chad E Day		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 168 Emerald Hill		Amount 73.50	
City Forest City	State NC	Zip Code 28043	Transaction ID : 970d4582-3145-4e21-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	138.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 60.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : f89c818b-4df8-46f0-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>	
Mailing Address 3 Girard St		Amount <div> <div>40.00</div> </div>	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 2b39d51f-1eef-4979-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1087 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 3 Girard St			Amount 6.30		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 5ac479f8-9db9-45c9-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Virginia T Grant			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 134 Shore Crest Circle			Amount 40.00		
City Carriere		State MS	Zip Code 39426		Transaction ID : e74c768c-a529-4612-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 44 Bell Street Ext		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 9c9d9fe0-48ff-48a1-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1089 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 44 Bell Street Ext			Amount 31.20		
City State Zip Code Spruce Pine NC 28777		Transaction ID : 157d3bc5-ac2d-4afe-b Date of Disbursement or Obligation 09 / 17 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 488 Broadwell Dr			Amount 35.00		
City State Zip Code Nashville TN 37220		Transaction ID : cdd460cc-9078-4a05-8 Date of Disbursement or Obligation 09 / 17 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1090 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2014	
Mailing Address 488 Broadwell Dr		Amount 7.29	
City Nashville	State TN	Zip Code 37220	Transaction ID : 7567002b-2669-4460-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lindsey N Rose		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2014	
Mailing Address 615 Live Oak Dr		Amount 35.00	
City searcy	State AR	Zip Code 72143	Transaction ID : f253685d-0e2f-4bc4-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		42.29	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1091 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>		
Mailing Address Box #11543 915 E Market Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11.00</div>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 7c35a923-e434-4cb5-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>		
Mailing Address Box #11543 915 E Market Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2.40</div>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 97582472-e24c-42b8-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">13.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1092 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address Split Oak Drive			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 57.50		
City charlotte		State NC	Zip Code 28227		Transaction ID : 558370b7-1fec-4b69-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address Split Oak Drive			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 17.40		
City charlotte		State NC	Zip Code 28227		Transaction ID : a837cc8e-5884-4e9e-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 74.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1093 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 629 Radiance Ave		Amount 4.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 067a9519-85c6-4228-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 629 Radiance Ave		Amount 9.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : 2b85e17d-468a-46ea-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1094 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Caleb A Smith			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 2646 N Valencia			Amount 20.00		
City State Zip Code Fayetteville AR 72703		Transaction ID : 1d45f855-0049-446d-a Date of Disbursement or Obligation 09 / 17 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 40.00		
City State Zip Code New Orleans LA 70131		Transaction ID : 61552c2d-96aa-415e-8 Date of Disbursement or Obligation 09 / 17 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1095 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 11.10	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 1228f949-d885-44af-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 345 Auroura Ave		Amount 80.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : 8b1581bc-ac78-46be-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	91.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 6412 Osage Dr		Amount 100.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 8f9d6a37-0187-431f-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.54
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1097 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 17 / 2014		
Mailing Address 6412 Osage Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3.90		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 8deedab7-8131-41e3-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 17 / 2014		
Mailing Address 2506 Bolch Street			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 30.00		
City Shreveport		State LA	Zip Code 71104		Transaction ID : 56a16a2a-42cc-4bfa-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 33.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1098 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 2506 Bolch Street			Amount 11.40		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 78152526-18fa-45a1-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 205 Medallion Circle			Amount 40.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 2a07164c-eb7b-4377-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1099 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>		
Mailing Address 205 Medallion Circle			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">27.60</div>		
City Shreveport		State LA	Zip Code 71119		Transaction ID : efe9c674-a961-4dba-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>		
Mailing Address 407 randall Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25.00</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : ebf61d89-ed89-481a-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">52.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div></div><div style="width: 20%;"></div></div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1100 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 407 randall Dr			Amount 5.10		
City Searcy	State AR	Zip Code 72143	Transaction ID : 105f5306-ddce-46d9-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 20.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : 1cbb3b88-db52-42ed-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1101 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 8.70		
City Lexington	State NC	Zip Code 27295	Transaction ID : a7efe2fb-01a5-43e4-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 200 Carawood Lane			Amount 40.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : 1208c33f-27ed-4204-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1102 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 200 Carawood Lane			Amount 12.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : a9b4fc74-9ef9-49d1-a Date of Disbursement or Obligation 09 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 112 apache Dr			Amount 10.00		
City Search	State AR	Zip Code 72149	Transaction ID : 0cafcfbf5-ca42-4de1-8 Date of Disbursement or Obligation 09 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1103 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 112 apache Dr			Amount 2.10		
City Search	State AR	Zip Code 72149	Transaction ID : ddbb7815-a665-49ad-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 33.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 7b8ae00d-ebac-4460-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			35.10		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 12.21	
City Conway	State AR	Zip Code 72034	Transaction ID : 93e07f1f-adc9-47f4-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Royce W Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 317 Farris Rd Apt 1		Amount 30.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 26b41ead-99c6-4dd8-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">42.21</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 30px; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px; width: 200px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1105 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Royce W Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount 6.60		
City Conway	State AR	Zip Code 72034	Transaction ID : 3a5bc2c7-af07-40e3-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 95.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 6449821e-edf9-4961-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1106 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 20.40		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5e090151-014d-4078-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 250 JS Brewton rd			Amount 60.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : 79eaac68-6da7-4a75-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1107 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Mailing Address 250 JS Brewton rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">3.00</div>		
City goldonna	State LA	Zip Code 71031	Transaction ID : 3f0d9de4-10fe-4414-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kirsten E McKinney			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Mailing Address 1419 S Highbush Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">20.00</div>		
City Fayetteville	State AR	Zip Code 72701	Transaction ID : af859bbf-31c3-49cf-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">23.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 30 / 2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1108 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 1419 S Highbush Ave		Amount 6.90		
City Fayetteville	State AR	Zip Code 72701	Transaction ID : a0ce8992-71c2-4db3-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 44 Bell St		Amount 60.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 801d10f9-e472-4103-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		66.90		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1109 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 44 Bell St			Amount 31.20		
City State Zip Code Spruce Pine NC 28777		Transaction ID : 7472f6ba-5b92-48cd-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 18065 Wayne Rd			Amount 30.00		
City State Zip Code Odessa FL 33556		Transaction ID : cf2d8a7e-d17c-4742-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1110 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 17 2014 </div> </div>	
Mailing Address 1436 Haigs Creek Dr		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 30.00 </div> </div>	
City Elgin	State SC	Zip Code 29045	Transaction ID : a3fc841c-12c7-4b89-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 17 2014 </div> </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 292434.22 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 17 2014 </div> </div>	
Mailing Address 1436 Haigs Creek Dr		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 20.97 </div> </div>	
City Elgin	State SC	Zip Code 29045	Transaction ID : d9070f03-90f3-41fc-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 17 2014 </div> </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 292434.22 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 50.97 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01
30
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1111 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 110 W Pecan St			Amount 60.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 691540af-3cfb-4572-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 110 W Pecan St			Amount 42.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 78c99330-b723-4ed0-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1112 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 24.50		
City Raleigh	State NC	Zip Code 27610	Transaction ID : ae7d2fc8-a206-4cab-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 7.80		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 8a54447a-a920-4b35-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 32.40	
City Conway	State AR	Zip Code 72032	Transaction ID : 041e41c0-34a3-47ba-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>125.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1114 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 502 N Oak St		Amount 90.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : d9813d2a-28bf-453c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 502 N Oak St		Amount 30.90	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 73fcb9fa-8932-4917-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	120.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1115 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 1703 Torrey Pines Ct		Amount 80.00		
City Reston	State VA	Zip Code 20190	Transaction ID : 28297b47-3ef5-4b2a-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 101 Asbury Ct		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : fe013099-c53f-4ebf-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1116 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 220 Doucet Rd			Amount 25.00		
City State Zip Code Lafayette LA 70503		Transaction ID : 96e55e19-a458-4c96-9 Date of Disbursement or Obligation 09 / 17 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 220 Doucet Rd			Amount 2.43		
City State Zip Code Lafayette LA 70503		Transaction ID : c719a543-2efb-4f4e-a Date of Disbursement or Obligation 09 / 17 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.43		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1117 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>	
Mailing Address 111 Westchester Blvd Apt D4			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Slidell		State LA	Zip Code 70458	
Purpose of Expenditure Salary			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 17 / 2014</div>	
Mailing Address 180 McNeil Steep Hollow Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>	
City Carriere		State MS	Zip Code 39426	
Purpose of Expenditure Salary			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1118 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014
Mailing Address 180 McNeil Steep Hollow Rd		Amount 18.60
City Carriere	State MS	Zip Code 39426
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 6d292410-2ce6-4cc0-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014
Mailing Address 3300 Asher Ave		Amount 80.00
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 965c0fa4-0c76-4f4e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	98.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1119 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination 09 / 17 / 2014	
Mailing Address 100 Asbury Ct			Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : fe9452c6-3dd8-42a0-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination 09 / 17 / 2014	
Mailing Address 100 ASBURY CT			Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 435cd5ae-e041-4c80-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1120 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 40.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : ff1ef697-622d-4f2a-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 9.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 5f098b9a-def0-456f-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>	
Mailing Address 100 Asbury Ct		Amount <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>	
City Winchester	State VA	Zip Code 22602	<div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	<div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	<div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1122 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 17 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount <div style="border-bottom: 1px solid black; width: 100%;"></div> 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 328dafa3-2ca8-403f-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border-bottom: 1px solid black; width: 100%;"></div> 1095959.94	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 17 / 2014	
Mailing Address 100 Asbury Ct		Amount <div style="border-bottom: 1px solid black; width: 100%;"></div> 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 078cfc77-cea4-426c-a Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____ <div style="border-bottom: 1px solid black; width: 100%;"></div> 1095959.94	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%;"></div> 160.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border-bottom: 1px solid black; width: 100%;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 30 / 2015 <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1123 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 0000000000 30.00	
City Oak Creek		State WI	Zip Code 53154	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 539f7186-7a18-4703-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		0000000000 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 2565 Shire Circle			Amount 0000000000 25.00	
City Harrisonburg		State VA	Zip Code 22801	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 9bce8b3c-948f-4f7b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		0000000000 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			0000000000 55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			0000000000	
(c) TOTAL Independent Expenditures.....▶			0000000000	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015
Signature				

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>	
Mailing Address 147 Possum Trot Rd		Amount <div> <div></div> <div>35.00</div> </div>	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 79d5b739-20e8-496f-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1125 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 09 / 17 / 2014	
Mailing Address 105 South Dale St			Amount 35.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 21cf18b2-66da-4916-a Date of Disbursement or Obligation 09 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 09 / 17 / 2014	
Mailing Address 4902 Catawba Dr			Amount 110.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : b065faf4-e3a3-4778-8 Date of Disbursement or Obligation 09 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			145.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 105 South Dale St		Amount 35.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 41689776-9fa1-4998-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1127 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 1025 Cayley Ct			Amount 105.00		
City State Zip Code High Point NC 27260		Transaction ID : d3061349-d347-418f-b Date of Disbursement or Obligation 09 / 17 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 1025 Cayley Ct			Amount 22.50		
City State Zip Code High Point NC 27260		Transaction ID : 8d3045d1-ec12-4107-9 Date of Disbursement or Obligation 09 / 17 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			127.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature			[Electronically Filed] Date 01 / 30 / 2015		

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1025 Cayley Ct		Amount 21.90	
City High Point	State NC	Zip Code 27260	Transaction ID : 28bd6560-fe1b-4c0e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">126.90</div> <div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1129 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 22369 Ponderosa Dr.		Amount 50.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 215c568a-3b7b-4982-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 22369 Ponderosa Dr.		Amount 5.10		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 40df8f3f-0c5e-4856-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		55.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1130 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 6101 NORA ST		Amount 60.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 78052a47-74d8-4d54-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 6101 NORA ST		Amount 3.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : cd14061f-c919-412d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	63.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 31.98	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d8874ec6-ea8d-4df2-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	116.98
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1132 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2090 Fancy Gap Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">85.00</div>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : f0c8aeb4-58cf-4131-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2090 Fancy Gap Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">31.98</div>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : fdb56721-ac6c-4d1a-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">116.98</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1133 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 35.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 97d20f94-0f4d-4e1f-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 18.15		
City Searcy		State AR	Zip Code 72143		Transaction ID : ca99c144-6c49-494e-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.15		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>	
Mailing Address 300 Evangeline St		Amount <div> <div>MM / DD / YYYY</div> <div>30.00</div> </div>	
City Monroe	State LA	Zip Code 71201	Transaction ID : acec2687-554d-4f80-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 300 Evangeline St		Amount 3.30	
City Monroe	State LA	Zip Code 71201	Transaction ID : 6bcd3a5-3155-4da1-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1135 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address P.O. Box 712		Amount 80.00		
City Alexander	State AR	Zip Code 72002	Transaction ID : 7c7e5c24-0433-439b-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address P.O. Box 712		Amount 33.00		
City Alexander	State AR	Zip Code 72002	Transaction ID : 5b4c5f86-b9bb-4ef4-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		113.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1136 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 09 / 17 / 2014	
Mailing Address 3007 Darden Rd			Amount 117.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : c638637f-18d5-4f8b-b Date of Disbursement or Obligation 09 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 09 / 17 / 2014	
Mailing Address 3007 Darden Rd			Amount 31.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 99f12874-952d-40b2-8 Date of Disbursement or Obligation 09 / 17 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			148.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1137 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 3007 Darden Rd			Amount 117.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2e5dde5d-9dce-4364-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 7151 Mullins Drive			Amount 80.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : a2149a9d-b1d6-429b-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			197.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1138 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 7151 Mullins Drive		Amount 50.40		
City Saltville	State VA	Zip Code 24370	Transaction ID : 39c31213-4936-4e87-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 20679 Glenbrook Terrace		Amount 10.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 80f1c528-2b4a-419a-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		60.40		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1139 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 1434 South Avenue			Amount 100.00		
City Eden	State NC	Zip Code 27288	Transaction ID : c54409bc-199f-4fd5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 1434 South Avenue			Amount 8.40		
City Eden	State NC	Zip Code 27288	Transaction ID : 60433c5c-7857-46d6-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			108.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1140 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1700 E Part Ave		Amount 35.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 94da657a-0e14-4642-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1700 E Part Ave		Amount 21.45	
City Searcy	State AR	Zip Code 72149	Transaction ID : 3582aa45-b5bc-4add-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	56.45
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1141 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 308 West Main Street			Amount 115.00		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 7daecb8b-289b-403c-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 308 West Main Street			Amount 30.54		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : a1861ce4-ed23-42e7-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145.54		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 308 West Main Street		Amount 115.00	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 508508f6-e59c-4eaa-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : b588ba6a-9e80-4ba6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	185.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1143 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Mailing Address 543 S 2nd St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">10.20</div>		
City Bellaire	State NC	Zip Code 77401	Transaction ID : a08ef70e-54f4-4461-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Mailing Address 1103 West Wilson Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">50.00</div>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b1afe569-2b98-4fe1-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 17 / 2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">60.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 30 / 2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1144 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 1103 West Wilson Street			Amount 32.10		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 0f55a302-9012-4ca3-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 905 Lake Drive			Amount 34.00		
City Shelby		State NC	Zip Code 28152		Transaction ID : f30618f3-6e45-4742-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 7 Bards Lane		Amount 70.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 159681c5-3cd6-4bcd-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 14 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1146 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 7 Bards Lane			Amount 8.40		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 49a17a33-a861-473c-a Date of Disbursement or Obligation 09 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 09 / 17 / 2014		
Mailing Address 506 N Horton Street			Amount 50.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 1e51a063-93bc-4a2f-b Date of Disbursement or Obligation 09 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1147 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 506 N Horton Street			Amount 26.10		
City Searcy	State AR	Zip Code 72143	Transaction ID : 2439acfd-e48d-447e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jennifer Susky			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 1117 Shadow Lane			Amount 10.00		
City Benton	State AR	Zip Code 72015	Transaction ID : 860c214c-c847-4add-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1148 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jennifer Susky			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 17 / 2014</div> </div>		
Mailing Address 1117 Shadow Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.50</div>		
City Benton	State AR	Zip Code 72015	Transaction ID : e5650926-d253-4145-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 17 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Mark L Pryor		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>		
Mailing Address 1410 Bushville drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">120.00</div>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 7789f2d7-66cd-40a9-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">121.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1149 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 1410 Bushville drive			Amount 21.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 4ae83fae-d424-4c50-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 4967 Dysartville			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : eb860076-95b1-4187-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1150 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : e27f3381-3cb3-43fb-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 9.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : b76e12c9-f321-4a41-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 10112 Piney Creek Ct		Amount <div> <div>Amount</div> <div>6.60</div> </div>	
City Charolette	State NC	Zip Code 28215	Transaction ID : 89fb5405-a1f1-4b73-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>26.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount \$ 30.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 3906c7ef-33ea-46ed-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>	
Mailing Address 2730 Dave Ward Dr		Amount <div> <div>9.00</div> </div>	
City Conway	State AR	Zip Code 72034	Transaction ID : b671a292-4d9a-4970-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 17 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1153 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee John W Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">09 / 18 / 2014</div>	
Mailing Address 11127 Gila Valley Dr		Amount <div style="border: 1px solid black; padding: 2px;">10.00</div>	
City Little Rock	State AR	Zip Code 72217	Transaction ID : ff2141e4-6b15-44c0-9 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">09 / 18 / 2014</div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee John W Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">09 / 18 / 2014</div>	
Mailing Address 11127 Gila Valley Dr		Amount <div style="border: 1px solid black; padding: 2px;">6.00</div>	
City Little Rock	State AR	Zip Code 72217	Transaction ID : fe6eee80-e0df-4242-9 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">09 / 18 / 2014</div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">16.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1154 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 27.50	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : b219e0e4-5398-44cd-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 5.10	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : e6886156-7f9c-43d5-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1155 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014		
Mailing Address 9909 Treasure Hill Rd		Amount 1.60		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 494f0cba-ccee-40cd-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 2134 Tobaccoville Rd		Amount 27.50		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 0e8e8a30-1935-4dc3-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		29.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2014	
Mailing Address 1900 Glen West Way		Amount 6.30	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : babdd4c7-6dce-4468-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1157 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 450 Judson Dr		Amount 22.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 9ad7556d-5abe-4162-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 25.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : d821ade2-e56f-44c1-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1158 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 11.70	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 2b2b53ab-9c6d-4510-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 448 Judson Dr			Amount 22.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : f959431a-7c3a-4e5d-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1159 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 448 Judson Dr			Amount 2.70		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 5af50d78-ad7d-42cc-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 5827 Brighton Pl			Amount 25.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : b00d89ff-9418-481c-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1160 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 5827 Brighton Pl			Amount 6.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : d221f07b-3f94-4d5d-9 Date of Disbursement or Obligation 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 4691 Hercules Lane			Amount 40.00		
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 640fd5aa-52d3-4434-a Date of Disbursement or Obligation 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1161 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 55.00		
City New Bern	State NC	Zip Code 28560	Transaction ID : 0fd11919-48a6-4762-b Date of Disbursement or Obligation 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 19.95		
City New Bern	State NC	Zip Code 28560	Transaction ID : e7915b2e-ebcb-44e6-b Date of Disbursement or Obligation 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.95		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1162 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 60.00	
City Alma	State AR	Zip Code 72921	Transaction ID : 840c78a7-6139-4c59-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 8.40	
City Alma	State AR	Zip Code 72921	Transaction ID : 1d215a14-ce57-462b-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1163 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Design4 Advertisting			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address N. Collins St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">475.00</div>		
City Plant City		State FL	Zip Code 33563		Transaction ID : f7143834-47dc-48c0-b
Purpose of Expenditure Design work		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address 3346 Durham St Ext			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City Burlington		State NC	Zip Code 27217		Transaction ID : 8a19ec34-0732-4920-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">515.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 35.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 30ec83cd-b9cf-4daa-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ►	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1165 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 5.70		
City Clemmons	State NC	Zip Code 27012	Transaction ID : db9881fa-078a-401d-9 Date of Disbursement or Obligation 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 105 South Dale St			Amount 70.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b15d4472-0f03-4f22-9 Date of Disbursement or Obligation 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Shanon Snyder		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 2701 Winifred		Amount 50.00	
City Metairie	State LA	Zip Code 70003	Transaction ID : 67de3c0c-d319-4c21-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 

Signature _____

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 147 Possum Trot Rd		Amount <div> <div>Amount</div> <div>70.00</div> </div>	
City Bakersville	State NC	Zip Code 28705	Transaction ID : fb1f3eb9-2094-4f29-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>80.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 40.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 696d16db-3a57-4861-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
1095959.94			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital display units are shown, each with a different date format. The first unit shows '01' under 'M M' labels. The second unit shows '30' under 'D D' labels. The third unit shows '2015' under 'Y Y Y Y' labels.

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount <div> <div></div> <div>10.00</div> </div>	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 9a53c18d-a71b-405d-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>16.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1170 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 2.67	
City Raleigh	State NC	Zip Code 27606	Transaction ID : bb93d69e-3dea-492b-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Mailing Address 3 Girard St		Amount 50.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : ad0f61d2-e4d0-456b-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52.67	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1171 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 3 Girard St			Amount 9.60		
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 3cf5f007-ee58-44f9-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 3 Girard			Amount 80.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 9f7f8c0d-c3a7-4501-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1172 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 3 Girard			Amount 6.00		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 19afe9e-a6c4-42c3-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 345 Auroura Ave			Amount 45.00		
City Metairie		State LA	Zip Code 70006		Transaction ID : 1c13331b-d1b4-449f-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 09 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1173 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 345 Auroura Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10.29</div>		
City Metairie	State LA	Zip Code 70006	Transaction ID : ff2b6a3a-dd61-4d77-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Caleb A Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2646 N Valencia			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : d48a5feb-e188-410f-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.29</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 60.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : bfeba226-daf0-4ff9-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>66.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1175 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 29.40		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 78701db9-8142-423a-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 25.00		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 79b39d10-c869-4eed-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1176 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 2565 Shire Circle			Amount 32.50		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 359e4faa-55fa-4416-a Date of Disbursement or Obligation 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kirsten E McKinney			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 1419 S Highbush Ave			Amount 10.00		
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 9a7e3cbe-39f5-4f68-8 Date of Disbursement or Obligation 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1177 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kirsten E McKinney			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>		
Mailing Address 1419 S Highbush Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.80</div>		
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 534a982a-ad0c-4b20-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>		
Mailing Address 488 Broadwell Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Nashville	State TN	Zip Code 37220	Transaction ID : 228da715-1988-477d-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">21.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1178 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 101 Asbury Ct			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 6cd84778-aeb0-4d6f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 2319 West Oak			Amount 20.00		
City El Dorado	State AR	Zip Code 71730	Transaction ID : 2d65979a-e7fd-47a5-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1179 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Mailing Address 2319 West Oak		Amount 3.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : 0719fb8e-e824-4ecd-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Mailing Address 1703 Torrey Pines Ct		Amount 80.00	
City Reston	State VA	Zip Code 20190	Transaction ID : 6947ec9a-cdeb-4268-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Royce W Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 317 Farris Rd Apt 1		Amount 6.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 4586c8f2-886b-429a-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 1095959.94 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1181 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 5133 Lord Bryon Road			Amount 55.00		
City Wilmington		State NC	Zip Code 28405		Transaction ID : 071494ba-713c-42c5-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 5133 Lord Bryon Road			Amount 23.40		
City Wilmington		State NC	Zip Code 28405		Transaction ID : 78c6a763-eac5-41da-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1182 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Aaron L Griffin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014
Mailing Address 4830 Westin Park Drive		Amount 30.00
City Conway	State AR	Zip Code 72034
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e8036092-b3d6-4321-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Aaron L Griffin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014
Mailing Address 4830 Westin Park Drive		Amount 6.00
City Conway	State AR	Zip Code 72034
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 407bbcdc-b957-4a5d-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1183 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Clay A McCreary			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1762 Orchard Drive			Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 7da7bd0b-e87d-4b72-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Clay A McCreary			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1762 Orchard Drive			Amount 21.60	
City Lenoir	State NC	Zip Code 28645	Transaction ID : a9061cef-eb9d-40ce-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1184 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 45.00	
City Greensboro	State NC	Zip Code 27410	Transaction ID : b108baf6-93c7-4b6c-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 23.40	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 7a1e97a5-d34c-4403-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1185 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 75.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 96abb285-cf3d-49cf-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 32.94		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : bccddae2-9249-4d1f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.94		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1186 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address Split Oak Drive			Amount 52.50		
City charlotte	State NC	Zip Code 28227	Transaction ID : 35c707f7-d17d-4cf9-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address Split Oak Drive			Amount 15.39		
City charlotte	State NC	Zip Code 28227	Transaction ID : 24ec30bf-f371-4597-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.89		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1187 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 307 Farris Rd Apt 1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Conway	State AR	Zip Code 72034	Transaction ID : d94b9c81-6032-4c84-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 307 Farris Rd Apt 1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6.30</div>		
City Conway	State AR	Zip Code 72034	Transaction ID : aae6e448-fd4c-461d-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">56.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1188 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 924 N. Prieur St			Amount 80.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : d781977f-9457-4b08-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 924 N. Prieur St			Amount 15.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 4ffe83f6-f3c2-4238-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1189 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 112 apache Dr			Amount 10.00		
City Search	State AR	Zip Code 72149	Transaction ID : 93e7feb3-06fc-4fbd-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 112 apache Dr			Amount 1.50		
City Search	State AR	Zip Code 72149	Transaction ID : 01787db3-8365-4725-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1190 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address 8822 Apple St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 70.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 209e11d5-7cfd-4a6c-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> 001		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u></div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address 1434 South Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 100.00		
City Eden		State NC	Zip Code 27288		Transaction ID : 3f51f933-e165-452a-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> 001		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">18</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u></div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 170.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>		
[Electronically Filed]					

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 407 randall Dr		Amount 60.00	
City	State	Zip Code	Transaction ID : 7b4643a8-7e6b-4dad-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 407 randall Dr		Amount 9.06	
City	State	Zip Code	Transaction ID : 12e4ac8f-2729-41a7-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 110 W Pecan St		Amount 30.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 87d3fa24-16cf-40e3-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought		554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.06
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 101 Durham Drive		Amount 30.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 77b12f7b-09fa-4f09-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 905 Lake Drive		Amount 55.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 127cffca-f6b0-428b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1650 1360 1656"> <tr><td data-bbox="1122 1650 1360 1656">58.00</td></tr> </table>	58.00
58.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1122 1656 1360 1661"> <tr><td data-bbox="1122 1656 1360 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1661 1360 1669"> <tr><td data-bbox="1122 1661 1360 1669"></td></tr> </table>	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1196 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 3300 Asher Ave			Amount 9.90		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 8fa8c071-4c60-405f-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 6412 Osage Dr			Amount 45.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : f81f1cba-706f-46ff-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1197 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Mailing Address 6412 Osage Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div>	
City North Little rock		State AR	Zip Code 72116	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : fa373fc3-0563-4a90-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Mailing Address 1254 Fleming St Apt 6			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37.00</div>	
City Conway		State AR	Zip Code 72032	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 35dc51e6-71da-409e-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">40.15</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div></div></div>				

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 3205 Pebble Beach Rd		Amount <div> <div>Amount</div> <div>41.00</div> </div>	
City Conway	State AR	Zip Code 72034	Transaction ID : c40760b8-af71-4f09-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1199 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 12.12		
City Conway		State AR	Zip Code 72034		Transaction ID : fe7f9439-4c2e-4069-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 2506 Bolch Street			Amount 30.00		
City Shreveport		State LA	Zip Code 71104		Transaction ID : e4f24bb4-9fde-40af-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.12		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1200 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 2506 Bolch Street			Amount 12.90		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 2cb0dc38-cd8e-4dd7-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 64c9d3b6-8acd-4ea2-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1201 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 205 Medallion Circle			Amount 27.60		
City Shreveport	State LA	Zip Code 71119	Transaction ID : a2168bd3-18a9-4a24-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 27.50		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 4de7014a-3e72-4cd3-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1202 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 6.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : c4763871-fb29-4633-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Thomas Dias		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Mailing Address 110 Maryella Dr		Amount 25.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : ce61809c-dd10-46f4-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		31.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1203 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination 09 / 18 / 2014	
Mailing Address 110 Maryella Dr			Amount 2.10	
City Searcy	State AR	Zip Code 72143	Transaction ID : 88d028e9-4e59-43fa-b Date of Disbursement or Obligation 09 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination 09 / 18 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 40.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : d5e25647-c8e1-400a-9 Date of Disbursement or Obligation 09 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			42.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1204 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 180 McNeil Steep Hollow Rd			Amount 11.10		
City Carriere	State MS	Zip Code 39426	Transaction ID : b4c9e649-a948-46ec-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address P.O. Box 712			Amount 75.00		
City Alexander	State AR	Zip Code 72002	Transaction ID : dc1d9383-a93c-4102-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1205 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address P.O. Box 712			Amount 17.40		
City Alexander	State AR	Zip Code 72002	Transaction ID : 86ecc836-687e-4a9f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR					
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 50.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 366d1bfc-7c17-49e4-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA					
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	67.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1206 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 6.60	
City Mandeville	State LA	Zip Code 70471	Transaction ID : e4dd97aa-3b88-427b-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 282 Falls Ave			Amount 60.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : c94f6754-e699-4ce1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			66.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1207 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address 282 Falls Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29.70</div>		
City Granite Falls		State NC	Zip Code 28630		Transaction ID : a45f929d-36a1-4d8a-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address 18065 Wayne Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>		
City Odessa		State FL	Zip Code 33556		Transaction ID : a46ca835-3358-4c61-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">74.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1208 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Anna C Didier			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 710 S College Rd Apt 84			Amount 30.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : d79f9f99-4713-4c40-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Anna C Didier			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 710 S College Rd Apt 84			Amount 3.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 57f8782f-9f81-4a70-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1209 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 45.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 2405149a-ce01-4ab5-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 14.70	
City Elgin	State SC	Zip Code 29045	Transaction ID : 32a06dd1-86e6-41d5-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

Signature

Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 1700 E Part Ave			Amount 37.50		
City	State	Zip Code	Transaction ID : 08c89318-6ee9-450c-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Searcy	AR	72149			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1700 E Part Ave		Amount 24.33	
City	State	Zip Code	Transaction ID : 6a9710ad-031b-48e5-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.83
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1211 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 2183 Spokane Rd			Amount 80.00		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : e8e35fc3-6ad2-4d51-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 2183 Spokane Rd			Amount 25.50		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : b37e0acc-7088-4ff3-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1212 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1103 West Wilson Street			Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 7aee38e2-c4dd-427b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1103 West Wilson Street			Amount 31.20	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 5de9769b-d44b-47a7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1213 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Kay Davis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 5117 Carr Dr		Amount 20.00	
City Grifton	State NC	Zip Code 28530	Transaction ID : 1c72ae8a-ac37-46e4-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kay Davis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 5117 Carr Dr		Amount 10.80	
City Grifton	State NC	Zip Code 28530	Transaction ID : 2d963832-d272-4b50-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1214 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee John W Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 30.00	
City Little Rock	State AR	Zip Code 72217	Transaction ID : f8185b7a-49c1-4842-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee John W Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 3.60	
City Little Rock	State AR	Zip Code 72217	Transaction ID : edc181f2-4ca0-47d2-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1215 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Tymer D Crawley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 6 Sherwood Dr		Amount 30.00	
City Conway	State AR	Zip Code 72034	Transaction ID : b829fde6-07ed-4ef6-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tymer D Crawley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 6 Sherwood Dr		Amount 6.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 76924f72-8092-4f47-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		36.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1216 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Tymer D Crawley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 6 Sherwood Dr			Amount 30.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 1f63da1a-805d-49a6-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tymer D Crawley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 6 Sherwood Dr			Amount 6.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 1fdd9b4c-7943-4405-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1217 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 272 Westgate Ct Apt 6			Amount 14.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 6de5e8c9-be8e-4df3-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 272 Westgate Ct Apt 6			Amount 8.70	
City Lexington	State NC	Zip Code 27295	Transaction ID : 4f9a7ba7-11ec-48ed-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			23.20	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1218 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 200 Carawood Lane		Amount 41.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : bd1575e2-dc22-40ff-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 200 Carawood Lane		Amount 12.60	
City Lexington	State NC	Zip Code 27295	Transaction ID : 4d89b271-d71a-4dd8-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1219 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014
Mailing Address 3110 Brentwood Rd		Amount 30.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : c3c37914-cb12-4c1e-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014
Mailing Address 3110 Brentwood Rd		Amount 15.60
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : c4dd23cb-bbc8-43ce-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	45.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1220 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 30.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 08e3fbe6-5926-4001-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 8.70	
City Charolette	State NC	Zip Code 28215	Transaction ID : 7fe55b35-f7ab-487e-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		38.70	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Jennifer Susky		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1117 Shadow Lane		Amount 1.50	
City Benton	State AR	Zip Code 72015	Transaction ID : 319415ea-53fc-47a7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>11.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1222 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 1025 Cayley Ct			Amount 70.00		
City High Point		State NC	Zip Code 27260		Transaction ID : 26d09893-4c05-495c-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
		001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 1025 Cayley Ct			Amount 24.30		
City High Point		State NC	Zip Code 27260		Transaction ID : 5ed9689d-a355-4817-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
		002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			94.30		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	
Signature					

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1025 Cayley Ct		Amount 50.00	
City High Point	State NC	Zip Code 27260	Transaction ID : b4b2930c-04cb-4cf5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 1025 Cayley Ct		Amount <div> <div>23.70</div> </div>	
City High Point	State NC	Zip Code 27260	Transaction ID : 88f42ead-44d3-4383-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>	
Mailing Address 4902 Catawba Dr		Amount <div> <div>Amount</div> <div>22.20</div> </div>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3c31ae12-831c-49b6-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>1095959.94</div> </div>		District: 00 State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 308 West Main Street		Amount 32.50	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : ae1efd6-cef2-4b1d-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>65.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1226 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 308 West Main Street			Amount 17.58		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 3999491c-4e2c-4b52-a Date of Disbursement or Obligation 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 1900 Glen West Way			Amount 95.00		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 30ef3dec-aa56-48be-9 Date of Disbursement or Obligation 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			112.58		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1227 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address 1900 Glen West Way			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">25.20</div>		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : d9bd2d96-7718-403f-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address 2357 Fancy Cap Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">75.00</div>		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : dc154df4-bd99-4c4e-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">100.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1228 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 32.94		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 79df4139-aa38-45ee-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 1410 Bushville Dr			Amount 25.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : f5b4d817-94a6-4545-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.94		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1229 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1410 Bushville Dr			Amount 10.50	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 14c44caf-7e9e-4e18-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 629 Radiance Ave			Amount 50.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 80a7269b-a827-4b97-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1230 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 629 Radiance Ave			Amount 9.90		
City Metairie	State LA	Zip Code 70001	Transaction ID : 1207a9c6-3003-4a71-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 220 Doucet Rd			Amount 20.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 8f550aab-a858-4059-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	29.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1231 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 18 / 2014		
Mailing Address 220 Doucet Rd			Amount 1.50		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 4e82abef-2a64-4bb4-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 18 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 95514910-cfb8-4b5b-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1232 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 100 ASBURY CT			Amount 70.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : dcf707ed-d498-42cd-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 100 Asbury Ct			Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 61343653-8d28-42c3-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1233 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014		
Mailing Address 100 Asbury Ct		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 344d4454-62bb-4e23-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : b350a531-f5ae-4c94-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1234 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 100 Asbury Ct		Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 28536de7-5020-4948-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 7 Bards Lane		Amount 82.50		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 3b255a9f-6e1c-4e28-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		152.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1235 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 7 Bards Lane			Amount 11.10		
City Fletcher	State NC	Zip Code 28732	Transaction ID : b5509a6b-b87e-4108-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 6101 NORA ST			Amount 80.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 5e811a37-c6b2-4b5d-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1236 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : b7b0d48b-8c19-4051-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address Box #11543 915 E Market Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 7ad2b580-53b5-405d-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">23.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1237 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 2.43	
City Searcy	State AR	Zip Code 72149	Transaction ID : 0f9b8102-6d18-458f-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee James Tatro		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1208 Braeburn Rd		Amount 80.00	
City Charlotte	State NC	Zip Code 28211	Transaction ID : c90879a4-84c8-49c0-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		82.43	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1238 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 1208 Braeburn Rd			Amount 7.20		
City Charlotte	State NC	Zip Code 28211	Transaction ID : 24ab95e0-3ed1-4f12-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 45.00		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 7782f45e-5324-4cbd-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1239 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 5.40	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : f717f608-74a1-49ab-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 250 JS Brewton rd		Amount 40.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 953d4452-5cdc-4eb8-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 7151 Mullins Drive		Amount 60.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : cbcfbfc2-e50e-455e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1241 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 7151 Mullins Drive			Amount 59.10		
City Saltville		State VA	Zip Code 24370		Transaction ID : 42188af7-4fe0-445b-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 09 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 30.00		
City Conway		State AR	Zip Code 72032		Transaction ID : cbe4e882-f597-4bf8-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1242 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 18.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 3bbb8b4c-d842-4fac-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Sandra L Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 30.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 7636150d-f2fd-4def-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			48.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1243 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 35.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : e6e95a43-17d9-467d-9 Date of Disbursement or Obligation 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Pamela Hooper			Date of Public Distribution/Dissemination 09 / 03 / 2014		
Mailing Address 502 N Oak St			Amount 15.00		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 3319ce4d-a9a1-4bab-9 Date of Disbursement or Obligation 09 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Pamela Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 502 N Oak St		Amount 65.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 16532874-8591-496c-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1245 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Pamela Hooper		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 06 / 2014 </div>	
Mailing Address 502 N Oak St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11.10 </div>	
City State Zip Code Little Rock AR 72205	Transaction ID : 05a4d71c-02ad-4673-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 06 / 2014 </div>		
Purpose of Expenditure Mileage	Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee Pamela Hooper		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 13 / 2014 </div>	
Mailing Address 502 N Oak St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 90.00 </div>	
City State Zip Code Little Rock AR 72205	Transaction ID : e1b4e024-3f93-4b64-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 13 / 2014 </div>		
Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">101.10</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1246 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014
Mailing Address 5510 Dogwood Dr		Amount 27.50
City Winston Salem	State NC	Zip Code 27105
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : ec4d31f6-0dd0-4eac-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014
Mailing Address 5510 Dogwood Dr		Amount 13.08
City Winston Salem	State NC	Zip Code 27105
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 5cd4bab3-e684-4d8a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1247 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2134 Tobaccoville Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27.50</div>		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : c029086e-ee3e-45bb-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Royce W Martin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 317 Farris Rd Apt 1			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.00</div>		
City Conway	State AR	Zip Code 72034	Transaction ID : aa40de78-39ef-4a6e-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">57.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1248 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Royce W Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount 6.00		
City Conway	State AR	Zip Code 72034	Transaction ID : da01eed0-9ab6-476c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Royce W Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount 30.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 2cad0d99-0155-4a51-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1249 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Royce W Martin			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount 6.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 2bae7473-f8a1-415e-8 Date of Disbursement or Obligation 09 / 19 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 2730 Dave Ward Dr			Amount 40.00		
City Conway	State AR	Zip Code 72034	Transaction ID : c2c8b47a-883c-467a-b Date of Disbursement or Obligation 09 / 18 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1250 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination 09 / 18 / 2014	
Mailing Address 2730 Dave Ward Dr			Amount 7.50	
City Conway	State AR	Zip Code 72034	Transaction ID : a203f425-91ea-4162-9 Date of Disbursement or Obligation 09 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 09 / 19 / 2014	
Mailing Address 5827 Brighton Pl			Amount 15.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : f292d096-3788-474e-9 Date of Disbursement or Obligation 09 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			22.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1251 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 5827 Brighton Pl			Amount 6.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 431320d6-e727-43c5-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 3 Girard			Amount 70.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 21b93a9a-cad8-48b7-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1252 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 3 Girard		Amount 18.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : e65cb825-a731-4fb4-8
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 409 LaSalle Drive		Amount 35.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 12c2ffff-34ab-4f29-b
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	53.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 3 Girard St		Amount 60.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : a82ca270-3257-46e6-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1254 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 3 Girard St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.05</div>		
City State Zip Code Ft Smith AR 72901		Transaction ID : 208fc7d6-0ca2-4577-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>			
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 1010 S Dogwood Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">32.50</div>		
City State Zip Code Bogalusa LA 70427		Transaction ID : b75c0880-bbd8-4ab4-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">19</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>			
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">42.55</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1255 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 10.50		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 38aa37a0-f212-4d69-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 10.00		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : d336842b-538a-4350-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1256 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jodi Fountain		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 26.40	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 88256c80-3634-41af-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 2565 Shire Circle		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 8d0af8fb-1e0b-4c7d-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	46.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1257 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014	
Mailing Address 448 Judson Dr		Amount 45.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 95ebcc52-401e-414a-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014	
Mailing Address 134 Shore Crest Circle		Amount 40.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 4ec06fe7-bd02-4f87-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		85.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 70.00	
City Alma	State AR	Zip Code 72921	Transaction ID : cc0c77d2-8a57-4733-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 15.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : a49b83cc-d9ac-4a9d-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1260 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYYYY					
Full Name of Payee Kirsten E McKinney			Date of Public Distribution/Dissemination MM / MM / YYYYYY 09 / 19 / 2014		
Mailing Address 1419 S Highbush Ave			Amount 4.80		
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 1da04c28-2bb8-4443-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / MM / YYYYYY 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination MM / MM / YYYYYY 09 / 19 / 2014		
Mailing Address 6610 Walcott Rd			Amount 10.00		
City Paragoud	State AR	Zip Code 72450	Transaction ID : 4e0a7f3a-5884-40d8-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / MM / YYYYYY 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			14.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / MM / YYYYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1261 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 19 / 2014		
Mailing Address 6610 Walcott Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1.80		
City Paragoud		State AR	Zip Code 72450		Transaction ID : 952a6d34-ad3f-40b0-a
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 19 / 2014		
Mailing Address 2319 West Oak			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 20.00		
City El Dorado		State AR	Zip Code 71730		Transaction ID : eb3f97f5-d3ae-4979-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 21.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1262 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 31.40		
City Conway	State AR	Zip Code 72034	Transaction ID : 4d28a171-b1c9-4ccd-a Date of Disbursement or Obligation 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 10.59		
City Conway	State AR	Zip Code 72034	Transaction ID : a0d12628-da18-40e9-9 Date of Disbursement or Obligation 09 / 19 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.99		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Pamela Hooper		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>	
Mailing Address 502 N Oak St		Amount <div> <div>Amount</div> <div>13.80</div> </div>	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 5b84dd87-d593-4b76-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>292434.22</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1264 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 502 N Oak St		Amount 40.00		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 9221b5ec-83eb-4d6d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 6412 Osage Dr		Amount 55.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : f1b7b2a9-55ad-49a8-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>		
Mailing Address 9909 Treasure Hill Rd			Amount <div> <div>Amount</div> <div>15.00</div> </div>		
City Little Rock	State AR	Zip Code 72205	Transaction ID : f3fbd83c-c705-491a-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>292434.22</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	17.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1266 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 1.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : cbe8a490-3eee-4a09-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 106 Hillside St		Amount 15.00	
City Spindale	State NC	Zip Code 28160	Transaction ID : d381d641-e116-42b7-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		16.50	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1267 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 106 Hillside St			Amount 16.95		
City Spindale		State NC	Zip Code 28160		Transaction ID : 66a9182a-7507-4be2-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 09 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 110 Maryella Dr			Amount 45.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 5e344552-63b6-44a6-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.95		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1268 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 110 Maryella Dr			Amount 6.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 903a0832-9e75-49a5-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 112 apache Dr			Amount 35.00		
City Search	State AR	Zip Code 72149	Transaction ID : de0a6eb3-b02f-43e1-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 924 N. Prieur St		Amount 65.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : b1b5ba0a-1d52-4b01-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1270 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 924 N. Prieur St			Amount 19.50		
City New Orleans	State LA	Zip Code 70116	Transaction ID : bbe6c33d-0b99-415d-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 8822 Apple St			Amount 60.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 5802d085-bac9-4f01-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1271 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 286 Wrenn Drive			Amount 32.50		
City Lexington		State NC	Zip Code 27292		Transaction ID : cf1a94f5-1622-413b-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 314 Tumbleweed Dr			Amount 32.50		
City Winston Salem		State NC	Zip Code 27127		Transaction ID : 0fb6d47d-a6a9-479a-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>	
Mailing Address 2134 Tobaccoville Rd		Amount <div> <div></div> <div>35.00</div> </div>	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : ceef7644-a3ed-4ac7-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div></div> <div>001</div> </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1273 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 9425 Jessica Drive		Amount 50.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 92f33244-1352-4d89-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 9425 Jessica Drive		Amount 13.80	
City Shreveport	State LA	Zip Code 71106	Transaction ID : c919f64b-a1ec-4711-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	63.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1274 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 110 W Pecan St			Amount 50.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : eb573203-23da-4ef3-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 110 W Pecan St			Amount 7.50		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 08b61f6c-c12c-4790-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 450 Judson Dr		Amount 4.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : e1789c98-7990-45d1-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 1095959.94 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1276 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 220 Doucet Rd		Amount 27.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 8af3a80b-9df4-45fe-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.69	
City Lafayette	State LA	Zip Code 70503	Transaction ID : f1e173b0-9960-4c22-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 10.50	
City Charolette	State NC	Zip Code 28215	Transaction ID : 07666df3-22a2-48cf-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	50.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1278 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					

Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 404 Chancery Park Ct			Amount 40.00		
City Kernersville	State NC	Zip Code 27284	Transaction ID : e4043980-d28f-4a58-9 Date of Disbursement or Obligation 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 404 Chancery Park Ct			Amount 7.50		
City Kernersville	State NC	Zip Code 27284	Transaction ID : 8c0d49e1-78b8-4488-b Date of Disbursement or Obligation 09 / 19 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature _____

[Electronically Filed] Date 01 / 30 / 2015

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 7.50	
City Conway	State AR	Zip Code 72034	Transaction ID : 2a0e1709-8f87-47c2-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	57.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 488 Broadwell Dr		Amount 3.60	
City Nashville	State TN	Zip Code 37220	Transaction ID : 048bab6a-c1d9-4973-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1281 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 4177 Lowerline St		Amount 35.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : caaedc24-ff00-4cd0-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 4177 Lowerline St		Amount 4.50	
City Slidell	State LA	Zip Code 70461	Transaction ID : cc24a792-c330-4253-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		39.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>	
Mailing Address 3113 Imperial Valley Dr.		Amount <div> <div></div> <div>5.10</div> </div>	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 043d5e03-e058-48d7-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 19 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1283 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 804 Roundabout Circle			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : a65f871f-d401-4505-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 2121 Daniel Dr			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 61c36b8f-e0de-4abf-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1284 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 2121 Daniel Dr			Amount 34.89		
City Searcy	State AR	Zip Code 72143	Transaction ID : 21beb95d-1e6d-41e8-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Caleb A Smith			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 2646 N Valencia			Amount 30.00		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : dffbe730-3894-4aa5-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.89		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1285 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Caleb A Smith			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 2646 N Valencia			Amount 7.20		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 601ac2a5-ddc7-410b-8 Date of Disbursement or Obligation 09 / 19 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination 09 / 19 / 2014		
Mailing Address 100 Asbury Ct			Amount 50.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 45390f7a-81bc-4d5e-8 Date of Disbursement or Obligation 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1286 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 100 ASBURY CT			Amount 50.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : d88c0e50-dad4-4a79-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 100 Asbury Ct			Amount 50.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 7618f9db-f0c1-4377-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1287 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 19 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 50.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : c099a6b7-7622-4c8b-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 19 / 2014		
Mailing Address 100 Asbury Ct			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 50.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 21256fd7-f067-4ece-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1288 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Stephanie L Heun		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014
Mailing Address 8026 S Wilwood Dr Apt 101		Amount 40.00
City Oak Creek	State WI	Zip Code 53154
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 7f551758-471d-4b63-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014
Mailing Address 5510 Dogwood Dr		Amount 35.00
City Winston Salem	State NC	Zip Code 27105
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9889c51e-43b3-4468-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1289 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 14.58	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : dec74592-3e63-4908-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 100 Asbury Ct			Amount 50.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 516eb675-2d4d-4194-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.58	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1290 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Marysol Netro		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014 </div>	
Mailing Address 312 S Gunter St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 60.00 </div>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 638d57a9-be4e-4648-8
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014 </div>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Clarissa Smith		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014 </div>	
Mailing Address HU 10233 915 E Mancet Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 40.00 </div>	
City Searcy	State AR	Zip Code 72149	Transaction ID : 287a376b-84e4-44db-a
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2014 </div>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">100.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1291 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Clarissa Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address HU 10233 915 E Mancet Ave		Amount 31.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : 7a595cb0-cbbd-471f-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee James Tatro		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1208 Braeburn Rd		Amount 80.00	
City Charlotte	State NC	Zip Code 28211	Transaction ID : 0d13ea79-e34d-45dc-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		111.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1292 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 1208 Braeburn Rd			Amount 8.10		
City Charlotte	State NC	Zip Code 28211	Transaction ID : 9220b916-a020-431e-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address P.O. Box 712			Amount 60.00		
City Alexander	State AR	Zip Code 72002	Transaction ID : 971c043d-34ce-4e1b-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1293 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address P.O. Box 712		Amount 15.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : eed91eb8-50d4-441a-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 543 S 2nd St		Amount 80.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 0e4dc675-363e-4e4e-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1294 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 543 S 2nd St			Amount 10.50		
City Bellaire	State NC	Zip Code 77401	Transaction ID : a52c2717-bc1e-4c82-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 1900 Glen West Way			Amount 95.00		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : b5d52b97-8a8a-495e-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	105.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 7 Bards Lane		Amount 2.50	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 2964e6f2-66a2-4b9f-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	10.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1296 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 506 N Horton Street			Amount 50.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : dd02651f-7fc1-4ae7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 506 N Horton Street			Amount 22.20		
City Searcy	State AR	Zip Code 72143	Transaction ID : dc0f3323-52fb-4a10-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1297 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 50.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : 1dba82a8-cfa4-4c75-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 2320 Saint Nick Dr			Amount 80.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : bea2022c-ac8a-49e2-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1298 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15.90</div>		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 5ba34ee2-6c9c-40cf-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2329 Runnymede Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Marrero	State LA	Zip Code 70072	Transaction ID : 6001924e-442f-437e-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">65.90</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1299 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 6.90		
City Marrero	State LA	Zip Code 70072	Transaction ID : bfc1136d-1ad0-46e9-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 25.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : f4f7f4f8-7cbc-4037-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1025 Cayley Ct		Amount 13.50	
City High Point	State NC	Zip Code 27260	Transaction ID : f92c7687-2861-4d91-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 1025 Cayley Ct		Amount 12.90	
City High Point	State NC	Zip Code 27260	Transaction ID : 0ab3a09f-b670-4097-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1302 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 4902 Catawba Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">85.00</div>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3c8969b2-cbe6-49f2-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 4902 Catawba Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14.70</div>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 176b227b-82e0-4dbf-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">99.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1303 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">20</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40.00</div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : aa4a52ff-cbb0-4c2b-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">20</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">20</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.50</div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : e3e2bc66-a2b9-4b41-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">20</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">44.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

01

 /

30

 /

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1304 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014		
Mailing Address 101 Asbury Ct			Amount 70.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 4eb12ab3-429d-4811-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 488 Broadwell Dr			Amount 30.00		
City Nashville		State TN	Zip Code 37220		Transaction ID : 9896cda3-56f2-4ddf-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 2319 West Oak		Amount 4.56	
City El Dorado	State AR	Zip Code 71730	Transaction ID : 062f91a6-c124-420c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.56
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Quentin C Pool		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 4091 E Horne Ave		Amount 9.00	
City Farmville	State NC	Zip Code 27828	Transaction ID : f232ec6b-d48e-40b7-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1307 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 30.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 0c06847a-651f-4f94-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 5.40	
City Ayden	State NC	Zip Code 28513	Transaction ID : 88b45055-be3d-4a4e-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1308 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kacie Gleb			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 3815 Robin Road			Amount 30.00		
City Ayden	State NC	Zip Code 28513	Transaction ID : fe83eecb-2dc5-401c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 3815 Robin Road			Amount 33.00		
City Ayden	State NC	Zip Code 28513	Transaction ID : c330b617-aa08-4cb6-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1309 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 3815 Robin Road		Amount 9.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 7d6992f8-f0c1-401d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 5156ebbe-53e8-4c30-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1310 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Mailing Address 4967 Dysartsville Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Morganton	State NC	Zip Code 28655	Transaction ID : a8badac1-39c7-4153-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Mailing Address 4967 Dysartsville Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.50</div>		
City Morganton	State NC	Zip Code 28655	Transaction ID : 28c4fca7-32c9-41aa-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">87.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1311 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 301 N Clinic Apt 3			Amount 45.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : e66af529-7e54-4349-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 301 N Clinic Apt 3			Amount 22.80		
City Searcy	State AR	Zip Code 72143	Transaction ID : bcd6d592-1d41-4452-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1312 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 25.00		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : d9e93ff7-ebec-44cd-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 11.40		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 95cfbcc4-f9bd-4e90-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1313 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 450 Judson Dr			Amount 15.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 3cddd5e3-85db-496f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 450 Judson Dr			Amount 7.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 1379b9ed-59db-4ff3-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			22.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1314 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 448 Judson Dr			Amount 15.00		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : 4e5aaeb2-a7ac-43d2-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James A Sears			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 305 Averroe Dr			Amount 70.00		
City Apex		State NC	Zip Code 27502		Transaction ID : 93336e9e-cff6-4a2e-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1315 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 409 LaSalle Drive			Amount 40.00		
City Little Rock		State AR	Zip Code 72211		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 334146d0-1634-4898-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 409 LaSalle Drive			Amount 7.50		
City Little Rock		State AR	Zip Code 72211		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : f8d52070-fc9f-40de-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1316 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kay Davis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 5117 Carr Dr		Amount 30.00	
City Grifton	State NC	Zip Code 28530	Transaction ID : 445a27f1-869b-4173-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kay Davis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 5117 Carr Dr		Amount 9.00	
City Grifton	State NC	Zip Code 28530	Transaction ID : 5851c350-ce9b-4ab2-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	39.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1317 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 3 Girard St			Amount 60.00		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 1ecf11f7-59d2-4fea-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 3 Girard St			Amount 8.70		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 4467c20c-117f-42af-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1318 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					

Full Name of Payee Caleb A Rowan			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 14619 Brown Bear Dr P.O. Box 7481			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>		
City Little Rock	State AR	Zip Code 72223	Transaction ID : a9234aa8-4914-4317-a		
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Caleb A Rowan			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 14619 Brown Bear Dr P.O. Box 7481			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">39.00</div>		
City Little Rock	State AR	Zip Code 72223	Transaction ID : 82f7d536-c18b-4f69-9		
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">119.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature

[Electronically Filed]

Date

01

 /

30

 /

2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1319 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 345 Auroura Ave			Amount 55.00		
City Metairie	State LA	Zip Code 70006	Transaction ID : 8a41cac9-51c1-40dd-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 345 Auroura Ave			Amount 3.69		
City Metairie	State LA	Zip Code 70006	Transaction ID : 924d98dd-aca6-47e0-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.69		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1320 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014
Mailing Address 3405 German Shepherd Trail		Amount 35.00
City Wake Forest	State NC	Zip Code 27587
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6f255b7b-ac1b-49ea-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014
Mailing Address 3405 German Shepherd Trail		Amount 3.36
City Wake Forest	State NC	Zip Code 27587
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : bee99699-f045-467e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.36
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1321 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee Samantha M Dowell			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>	
Mailing Address 8450 Mount Valley Lane Apt 204			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24.50</div>	
City Raleigh		State NC	Zip Code 27613	Transaction ID : 4e2641e0-e060-420a-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Samantha M Dowell			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>	
Mailing Address 8450 Mount Valley Lane Apt 204			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.50</div>	
City Raleigh		State NC	Zip Code 27613	Transaction ID : e2249637-6d52-43ff-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">26.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>	
[Electronically Filed]				

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 121 Meadowview Drive		Amount 10.20	
City Boone	State NC	Zip Code 28607	Transaction ID : 441bf141-d420-4427-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		70.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1323 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 80.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : eb2cff0f-9bcb-4ef8-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Matt Curran			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 1537 Country Lane			Amount 25.00		
City Kernersville	State NC	Zip Code 27284	Transaction ID : 92ce44d6-2c8e-469e-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 81.00	
City	State	Zip Code	Transaction ID : 46f9d410-62aa-452c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1325 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 09 / 20 / 2014	
Mailing Address Box #11543 915 E Market Ave			Amount 53.70	
City Searcy	State AR	Zip Code 72149	Transaction ID : 37034724-e686-4585-8 Date of Disbursement or Obligation 09 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Natalie M Foutch			Date of Public Distribution/Dissemination 09 / 20 / 2014	
Mailing Address 1057 Waldron Road			Amount 8.10	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 90442b50-1a57-4e58-b Date of Disbursement or Obligation 09 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1326 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Lindsey N Rose		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 615 Live Oak Dr		Amount 80.00		
City searcy	State AR	Zip Code 72143	Transaction ID : 69b20853-a56d-4e88-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 1430 Sunnyside Rd		Amount 75.00		
City Alma	State AR	Zip Code 72921	Transaction ID : 33879275-0035-4194-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		155.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 65.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 44c3aba2-ee1a-458f-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 220 Doucet Rd		Amount 20.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 24f38308-7c33-4ca4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.09	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 7cfd0050-a7d6-4089-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.09
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1329 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Kristian A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 121 Blueberry Fields			Amount 10.00	
City Maple Hill	State NC	Zip Code 28454	Transaction ID : 4daf0ef2-6c96-4581-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Kristian A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 121 Blueberry Fields			Amount 1.92	
City Maple Hill	State NC	Zip Code 28454	Transaction ID : 19fb3574-d73f-42af-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.92	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1330 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 60.30		
City Lexington	State NC	Zip Code 27295	Transaction ID : fc7137ad-ac01-41af-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 18.60		
City Lexington	State NC	Zip Code 27295	Transaction ID : da2f6c48-d5a0-4f6e-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1331 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 200 Carawood Lane		Amount 60.30		
City Lexington	State NC	Zip Code 27295	Transaction ID : eadf93fa-12bf-41b1-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 2565 Shire Circle		Amount 30.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 31202d5c-4bd8-439a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		90.30		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1332 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 10.00		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 07dcb93f-235d-41c1-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 1.50		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 692548a5-60c5-474f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1333 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014
Mailing Address 147 Possum Trot Rd		Amount 70.00
City Bakersville	State NC	Zip Code 28705
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b462d531-8bbe-4f54-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014
Mailing Address 147 Possum Trot Rd		Amount 27.60
City Bakersville	State NC	Zip Code 28705
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d4ed1e8f-c56c-4035-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	97.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1334 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 286 Wrenn Drive			Amount 40.00		
City Lexington	State NC	Zip Code 27292	Transaction ID : e1c0a154-88fb-4721-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 40.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : c2468b98-17a6-4384-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1335 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.60</div>		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 645bc9bb-8674-44bf-b		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 407 randall Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 65199eca-8cb1-4992-8		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">46.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 30 / 2015</div>		

Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>	
Mailing Address 314 Tumbleweed Dr		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 5d58b486-2a17-4f57-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>42.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1337 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Mailing Address 314 Tumbleweed Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.40</div>		
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 3bfba2b6-5751-41d7-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Sandra C Montalbano			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Mailing Address 4177 Lowerline St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>		
City Slidell	State LA	Zip Code 70461	Transaction ID : dfb0b002-9848-420e-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">49.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1338 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sandra C Montalbano			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 4177 Lowerline St			Amount 3.30		
City Slidell	State LA	Zip Code 70461	Transaction ID : 92b127ea-2200-4e5b-8 Date of Disbursement or Obligation 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 250 JS Brewton rd			Amount 60.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : 84087661-5294-4a39-8 Date of Disbursement or Obligation 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1339 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 250 JS Brewton rd			Amount 5.40	
City goldonna	State LA	Zip Code 71031	Transaction ID : f63cff35-326a-4e85-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 9425 Jessica Drive			Amount 42.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 095277b6-da51-433d-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1340 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Mailing Address 9425 Jessica Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.20</div>		
City Shreveport		State LA	Zip Code 71106		Transaction ID : 1678132f-b4c5-4ea1-a
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Paul Rickert			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Mailing Address 710 St. Martins Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.00</div>		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 2e2828da-84a6-4d14-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">19.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1341 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Clay A McCreary			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 1762 Orchard Drive			Amount 70.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 2b482204-813a-45cc-8 Date of Disbursement or Obligation 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Clay A McCreary			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 1762 Orchard Drive			Amount 34.50		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 062a32b1-be56-4490-9 Date of Disbursement or Obligation 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1342 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 4902 Catawba Dr		Amount 27.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d3242bc7-230b-4061-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 4902 Catawba Dr		Amount 10.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 255978f1-be2b-4b41-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1343 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Michelle Rickert			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Mailing Address 710 St. Martins Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.20</div>		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 205ee72a-38ac-4c2a-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>		
Mailing Address 1025 Cayley Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City High Point		State NC	Zip Code 27260		Transaction ID : 8946f517-1fde-4f58-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;">34.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 1025 Cayley Ct			Amount 9.30		
City High Point	State NC	Zip Code 27260	Transaction ID : 9d035689-f302-4a20-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>	
Mailing Address 1025 Cayley Ct		Amount <div> <div>_____</div> <div>30.00</div> </div>	
City High Point	State NC	Zip Code 27260	Transaction ID : e4e995a8-600f-433f-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 20 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>_____</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1345 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>	
Mailing Address 1025 Cayley Ct		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.50</div>	
City High Point	State NC	Zip Code 27260	Transaction ID : 5ead989c-66d2-4933-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jacob L Colbert		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>	
Mailing Address 49 Sharon Circle		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.00</div>	
City Greenbrier	State AR	Zip Code 72058	Transaction ID : 82816e47-fd97-489a-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 20 / 2014</div> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">30.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1346 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee Jacob L Colbert		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>	
Mailing Address 49 Sharon Circle		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">13.50</div>	
City Greenbrier	State AR	Zip Code 72058	Transaction ID : 9c256a68-4563-4de5-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>	
Mailing Address 3007 Darden Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">70.00</div>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 626de8b9-fef4-487f-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 20 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">83.50</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1347 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 3007 Darden Rd		Amount 16.80		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 94896748-e2dd-4c64-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 3007 Darden Rd		Amount 70.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 5492e202-e676-429d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		86.80		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1348 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 5003 Allison Lane			Amount 60.00		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 7d2cd832-1429-4eaf-a Date of Disbursement or Obligation 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 5003 Allison Lane			Amount 1.50		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 478cb4a1-1d4d-4549-8 Date of Disbursement or Obligation 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1349 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee JoAnn Burks			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 10 Castle Hill Ct			Amount 30.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 513c4481-31b3-4da7-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee JoAnn Burks			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 10 Castle Hill Ct			Amount 9.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 4509773d-78c2-4491-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1350 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 09 / 20 / 2014	
Mailing Address 404 Chancery Park Ct		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 289afd15-c2bf-4a1e-a
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 09 / 20 / 2014	
Mailing Address 404 Chancery Park Ct		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.50</div>	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 99891b3f-495c-467d-8
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> 09 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">67.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M

 /

D D D

 /

Y Y Y Y Y Y

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1351 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 3110 Brentwood Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 1ddcb861-8403-4c92-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 3110 Brentwood Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9.30</div>		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 1e2603c5-253b-449a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">59.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 30 / 2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1352 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 915 E Market Ave			Amount 90.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 6373b6b7-f633-40c1-b Date of Disbursement or Obligation 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 915 E Market Ave			Amount 28.20		
City Searcy	State AR	Zip Code 72149	Transaction ID : c79977b3-aaed-4be9-a Date of Disbursement or Obligation 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 60.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 2f58fa9e-b25e-4a47-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">85.00</div> <div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; margin-top: 5px;"></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1354 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 2329 Runnymede Dr		Amount 8.40		
City Marrero	State LA	Zip Code 70072	Transaction ID : 091a6f6d-fc29-4d2f-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 1410 Bushville drive		Amount 60.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 1e8079df-93b5-4f1b-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		68.40		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1355 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 106 Wyncrest Ct			Amount 90.00		
City State Zip Code Hendersonville TN 37075		Transaction ID : b45eb89e-c26c-4a7b-b Date of Disbursement or Obligation 09 / 20 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 106 Wyncrest Ct			Amount 38.10		
City State Zip Code Hendersonville TN 37075		Transaction ID : fca6567c-8067-4939-b Date of Disbursement or Obligation 09 / 20 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			128.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1356 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 103 Glenhaven Ct			Amount 90.00		
City State Zip Code Harvest AL 35749		Transaction ID : f108eb92-0f35-4d89-b Date of Disbursement or Obligation 09 / 20 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 125.00		
City State Zip Code Elgin SC 29045		Transaction ID : 1ef9b5f6-54f3-4e29-b Date of Disbursement or Obligation 09 / 20 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			215.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 18065 Wayne Rd		Amount 125.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 1db59189-5712-4d7f-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	194.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 543 S 2nd St		Amount 9.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 947bd37d-bfe4-4e38-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1359 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 70.00		
City State Zip Code New Orleans LA 70131		Transaction ID : c8525a61-0b42-454e-a Date of Disbursement or Obligation 09 / 20 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 09 / 20 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 13.20		
City State Zip Code New Orleans LA 70131		Transaction ID : 47f75af6-7b61-46f7-a Date of Disbursement or Obligation 09 / 20 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1360 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 1900 Glen West Way			Amount 10.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : c6473111-97ff-47e2-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 1900 Glen West Way			Amount 3.60	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 06383cc5-a06b-49f4-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			13.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Thomas Dias		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 110 Maryella Dr		Amount 50.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 712123cc-8ec0-45b8-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px; text-align: right;">130.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1362 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 110 Maryella Dr			Amount 99999999 33.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : a777fd9f-ce18-4d97-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		99999999 292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 99999999 70.00		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 61dfbf77-d909-4a1d-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		99999999 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999 103.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999		
(c) TOTAL Independent Expenditures..... ▶			99999999		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1363 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 8.10		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 172dc225-b46e-4d82-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Royce W Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount 20.00		
City Conway	State AR	Zip Code 72034	Transaction ID : c9b2920c-7269-4671-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1364 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Royce W Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount 7.50		
City Conway	State AR	Zip Code 72034	Transaction ID : 2e8041b2-8307-491b-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Sandra L Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 20.00		
City Conway	State AR	Zip Code 72032	Transaction ID : 161da341-1888-46a5-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1365 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Sandra L Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 7.50		
City Conway	State AR	Zip Code 72032	Transaction ID : bab5aa10-608b-4299-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Miranda A Resinos			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 1430 Sunnyside Rd			Amount 50.00		
City Alma	State AR	Zip Code 72921	Transaction ID : c513c87c-fb29-4dc1-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 6.90	
City Alma	State AR	Zip Code 72921	Transaction ID : 009551f2-6d2d-4565-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Thomas Dias		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>	
Mailing Address 110 Maryella Dr		Amount <div> <div></div> <div>30.00</div> </div>	
City	State	Zip Code	Transaction ID : 6242bce8-3b33-4116-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292434.22</div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1367 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 110 Maryella Dr			Amount 13.50		
City Searcy	State AR	Zip Code 72143	Transaction ID : 7cb456e6-769f-4114-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 52.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : 2c937a6d-8036-426d-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1368 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 09 / 21 / 2014		
Mailing Address 200 Carawood Lane			Amount 52.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : d6e936c2-d7f7-40a9-b Date of Disbursement or Obligation 09 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 09 / 21 / 2014		
Mailing Address 200 Carawood Lane			Amount 15.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : 30ff28fe-5822-42c2-a Date of Disbursement or Obligation 09 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Pamela Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 502 N Oak St		Amount 6.30	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 0afc2b22-99e1-4a6d-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>46.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1370 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 27.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : df234d61-80b3-4562-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 2.70	
City Little Rock	State AR	Zip Code 72205	Transaction ID : b7e14386-d5af-4fb5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 10.41	
City Conway	State AR	Zip Code 72034	Transaction ID : 85bb94d2-4932-41ec-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	22.41
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 50.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 827bdad0-4c4c-4ffb-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

Signature

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>	
Mailing Address 110 W Pecan St		Amount <div> <div>Amount</div> <div>65.00</div> </div>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e452889b-737e-41c5-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		98.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1374 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>		
Mailing Address 110 W Pecan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.40</div>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 1f173d14-5214-4198-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>		
Mailing Address 250 JS Brewton rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City goldonna	State LA	Zip Code 71031	Transaction ID : d5fa0d30-e50b-47b8-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 21 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">70.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1375 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 09 / 21 / 2014		
Mailing Address 250 JS Brewton rd			Amount 2.70		
City goldonna	State LA	Zip Code 71031	Transaction ID : 56b2ff40-f5ab-4042-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 09 / 21 / 2014		
Mailing Address 112 apache Dr			Amount 25.00		
City Search	State AR	Zip Code 72149	Transaction ID : ee007c7e-464d-4830-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>		
Mailing Address 6610 Walcott Rd			Amount <div> <div>Amount</div> <div>20.00</div> </div>		
City Paragoud	State AR	Zip Code 72450	Transaction ID : b5aace88-7d5f-4f77-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1377 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 220 Doucet Rd			Amount 30.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : bb0ee2fd-9415-4ffe-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 220 Doucet Rd			Amount 1.17		
City Lafayette	State LA	Zip Code 70503	Transaction ID : ff88c0db-ce4c-4af7-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.17		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1378 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 1103 West Wilson Street			Amount 65.00		
City Ville Platte		State LA	Zip Code 70586		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 8a91fbc8-6f50-4091-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 1103 West Wilson Street			Amount 16.20		
City Ville Platte		State LA	Zip Code 70586		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 8d6bd140-7b64-4c28-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1379 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination 09 / 21 / 2014	
Mailing Address 2936 Brushwood Ave			Amount 60.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : d0cd11b6-916c-4c97-9 Date of Disbursement or Obligation 09 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination 09 / 21 / 2014	
Mailing Address 2936 Brushwood Ave			Amount 19.50	
City Springdale	State AR	Zip Code 72764	Transaction ID : de0797f2-87e4-4deb-b Date of Disbursement or Obligation 09 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			79.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>	
Mailing Address 2121 Daniel Dr		Amount <div> <div>Amount</div> <div>20.40</div> </div>	
City	State	Zip Code	Transaction ID : ecc88ea3-af5f-448a-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		<div> <div>Amount</div> <div>292434.22</div> </div>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1381 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014
Mailing Address 2329 Runnymede Dr		Amount 60.00
City Marrero	State LA	Zip Code 70072
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 0f666afa-9acb-48eb-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014
Mailing Address 2329 Runnymede Dr		Amount 5.10
City Marrero	State LA	Zip Code 70072
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 4e2c815d-6436-4c86-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1382 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 6412 Osage Dr		Amount 45.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 8b31e42e-8752-426d-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 6412 Osage Dr		Amount 10.83	
City North Little rock	State AR	Zip Code 72116	Transaction ID : d7f6af8f-4f49-402f-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	55.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1383 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination 09 / 21 / 2014	
Mailing Address 307 Farris Rd Apt 1			Amount 10.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 51ab1e2b-dd84-448f-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination 09 / 21 / 2014	
Mailing Address 307 Farris Rd Apt 1			Amount 2.10	
City Conway	State AR	Zip Code 72034	Transaction ID : 0e94f7c4-50ed-48b9-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1384 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 18065 Wayne Rd			Amount 95.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : 363590b0-a404-4140-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 95.00		
City Elgin	State SC	Zip Code 29045	Transaction ID : 296436be-c7f8-42c9-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			190.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1385 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 09 / 21 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 51.00		
City Elgin		State SC	Zip Code 29045		Transaction ID : 1a8be105-b4b8-4f2a-8 Date of Disbursement or Obligation 09 / 21 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 09 / 21 / 2014		
Mailing Address 2506 Bolch Street			Amount 60.00		
City Shreveport		State LA	Zip Code 71104		Transaction ID : 75820334-7323-4e8e-9 Date of Disbursement or Obligation 09 / 21 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1386 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 09 / 21 / 2014		
Mailing Address 2506 Bolch Street			Amount 22.80		
City Shreveport		State LA	Zip Code 71104		Transaction ID : 1babc329-5336-48d7-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 09 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 09 / 21 / 2014		
Mailing Address 205 Medallion Circle			Amount 60.00		
City Shreveport		State LA	Zip Code 71119		Transaction ID : 2442526f-9706-4ee0-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 09 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 205 Medallion Circle		Amount 12.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 3865f042-3f77-46b2-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James A Sears		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 305 Averroe Dr		Amount 60.00	
City Apex	State NC	Zip Code 27502	Transaction ID : 5e88d840-8fcc-4525-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1388 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1025 Cayley Ct		Amount 75.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 46290be3-9488-4ccb-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 1025 Cayley Ct		Amount 14.40	
City High Point	State NC	Zip Code 27260	Transaction ID : e12aaedb-cea6-4c50-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 1025 Cayley Ct			Amount 15.30		
City High Point	State NC	Zip Code 27260	Transaction ID : b286793b-a568-4ad3-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1390 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 4902 Catawba Dr			Amount 60.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : dcc37c8d-d423-4dd5-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 4902 Catawba Dr			Amount 14.40	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 920374e6-9b51-4671-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	74.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1391 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address P.O. Box 712			Amount 30.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 15b5061c-e03a-4c7a-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address P.O. Box 712			Amount 14.40	
City Alexander	State AR	Zip Code 72002	Transaction ID : a7fc734c-ca9e-45c1-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>	
Mailing Address 404 Chancery Park Ct		Amount <div> <div>Amount</div> <div>35.00</div> </div>	
City Kernersville	State NC	Zip Code 27284	Transaction ID : e428f1d4-0f9c-46d7-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 21 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1393 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 6.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 9319cb3d-a3ed-4ffe-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 60.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 348ff603-eee3-4359-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	66.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1394 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 13.50		
City New Orleans		State LA	Zip Code 70131		Transaction ID : e1f3f0ad-dbbc-4eaa-a
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 50px;"></div> 002		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Mailing Address 543 S 2nd St			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 60.00		
City Bellaire		State NC	Zip Code 77401		Transaction ID : 2045e231-d597-493a-9
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 50px;"></div> 001		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 73.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1395 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 543 S 2nd St			Amount 8.10	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 650d1724-39e4-4d75-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 2506 Bolch Street			Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : fd0066cf-8a6c-474a-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014	
Mailing Address 205 Medallion Circle		Amount 30.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : ee607fac-5f64-4dfa-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1397 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>		
Mailing Address 205 Medallion Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">49.80</div>		
City State Zip Code Shreveport LA 71119		Transaction ID : 64daf5fe-9f40-43be-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 19 / 2014</div>			
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>		
Mailing Address 3113 Imperial Valley Dr.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15.00</div>		
City State Zip Code Little Rock AR 72212		Transaction ID : 72f03c6a-9578-4e29-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 18 / 2014</div>			
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">64.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1398 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount 4.80		
City Little Rock		State AR	Zip Code 72212		Transaction ID : 8f4f5bd6-b043-433c-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought			292434.22		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination 09 / 18 / 2014		
Mailing Address 2730 Dave Ward Dr			Amount 40.00		
City Conway		State AR	Zip Code 72034		Transaction ID : 7b0f3589-5148-4ec0-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought			292434.22		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1399 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014		
Mailing Address 2730 Dave Ward Dr			Amount 7.50		
City Conway	State AR	Zip Code 72034	Transaction ID : 8588aca3-f285-411e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014		
Mailing Address 2730 Dave Ward Dr			Amount 40.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 4da1762e-f86e-4e7a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1400 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y 09 / 21 / 2014 </div>	
Mailing Address 2730 Dave Ward Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 5.40 </div>	
City Conway	State AR	Zip Code 72034	Transaction ID : a5d0488b-4165-4de1-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2014 </div>
Purpose of Expenditure Mileage		Category/ Type	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 002 </div>
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 292434.22 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2014 </div>	
Mailing Address 5330 Nestleway Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 30.00 </div>	
City Clemmons	State NC	Zip Code 27012	Transaction ID : e893a580-1810-41ce-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2014 </div>
Purpose of Expenditure Salary		Category/ Type	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 001 </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1095959.94 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 35.40 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 35.40 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1401 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 5330 Nestleway Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1.80</div>		
City Clemmons	State NC	Zip Code 27012	Transaction ID : e23de73c-30c4-4a63-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2565 Shire Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.00</div>		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 4526b3f1-fa54-4740-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1402 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 112 apache Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.00</div>		
City Search	State AR	Zip Code 72149	Transaction ID : 862bc18d-a010-4276-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 112 apache Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4.50</div>		
City Search	State AR	Zip Code 72149	Transaction ID : 14f49ed2-5f82-4a0e-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature _____ Date

01

 /

30

 /

2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1403 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 1430 Sunnyside Rd		Amount 60.00		
City Alma	State AR	Zip Code 72921	Transaction ID : ec615b6b-cb34-43c6-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 1430 Sunnyside Rd		Amount 7.80		
City Alma	State AR	Zip Code 72921	Transaction ID : 37f35f4c-549d-47b2-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		67.80		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1404 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Nathan S Shaw			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 5726 NC Hwy 66 S			Amount 55.00		
City King	State NC	Zip Code 27021	Transaction ID : 45cbf152-17fe-4982-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Nathan S Shaw			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 5726 NC Hwy 66 S			Amount 12.90		
City King	State NC	Zip Code 27021	Transaction ID : 0694acda-ccc9-4b90-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>	
Mailing Address 3205 Pebble Beach Rd		Amount <div> <div>Amount</div> <div>17.04</div> </div>	
City Conway	State AR	Zip Code 72034	Transaction ID : 8cfb8037-75ff-4c3b-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>30.04</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 1.80	
City Conway	State AR	Zip Code 72032	Transaction ID : 7dc027da-7780-42b7-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>25.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>		
Mailing Address 924 N. Prieur St			Amount <div> <div>Amount</div> <div>30.00</div> </div>		
City New Orleans	State LA	Zip Code 70116	Transaction ID : ab8dadd8-16a4-461d-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1408 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Riley J Randolph		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014
Mailing Address 1701 N Lewis Ave Apt 10		Amount 10.00
City Fayetteville	State AR	Zip Code 72703
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e44aaf59-8e43-4dd0-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Riley J Randolph		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014
Mailing Address 1701 N Lewis Ave Apt 10		Amount 0.90
City Fayetteville	State AR	Zip Code 72703
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 77297e22-3cd3-4d2a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1409 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 09 / 22 / 2014	
Mailing Address 8822 Apple St			Amount 70.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : ef836670-fdc1-4583-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 09 / 22 / 2014	
Mailing Address 8822 Apple St			Amount 70.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : dcf8e725-9dd4-49e4-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1410 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address Split Oak Drive			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 67.50		
City charlotte		State NC	Zip Code 28227		Transaction ID : e6d25c17-39e1-4fae-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address Split Oak Drive			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 21.36		
City charlotte		State NC	Zip Code 28227		Transaction ID : 2f67ffb8-c990-45f2-a
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 88.86		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1411 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Katlyn P Bernardini		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 1326 East Field St		Amount 10.00	
City Conway	State AR	Zip Code 72034	Transaction ID : cce421b9-0f96-45b9-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Katlyn P Bernardini		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 1326 East Field St		Amount 5.10	
City Conway	State AR	Zip Code 72034	Transaction ID : 20e8db34-c60c-43be-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1412 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lisa a Bernardini			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 1326 East Field St			Amount 10.00		
City Conway		State AR	Zip Code 72034		Transaction ID : 8fe5bfef-8278-4f40-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Lisa a Bernardini			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 1326 East Field St			Amount 10.00		
City Conway		State AR	Zip Code 72034		Transaction ID : 55cfb6d4-9838-4403-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Lisa a Bernardini		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 1326 East Field St		Amount 5.10	
City Conway	State AR	Zip Code 72034	Transaction ID : 5275bd40-139f-46d8-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	10.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1414 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 22.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 108556e2-f8cf-4020-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 3.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : b375fe1f-2853-4a3a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1415 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 22 / 2014</div>	
Mailing Address 106 Hillside St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div>	
City Spindale	State NC	Zip Code 28160	Transaction ID : 7edc8836-3bc4-4679-a
Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 22 / 2014</div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 22 / 2014</div>	
Mailing Address 106 Hillside St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">44.34</div>	
City Spindale	State NC	Zip Code 28160	Transaction ID : cad800ec-fa77-468c-8
Purpose of Expenditure Mileage	Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 22 / 2014</div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">109.34</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01 / 30 / 2015

Signature

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>	
Mailing Address P.O. Box 712		Amount <div> <div>75.00</div> </div>	
City Alexander	State AR	Zip Code 72002	Transaction ID : 022f0130-6f6f-4bfb-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">140.00</div> <div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1417 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">22</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>		
Mailing Address P.O. Box 712			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">21.60</div>		
City Alexander		State AR	Zip Code 72002		Transaction ID : cebdcac4-fc0e-43fb-9
Purpose of Expenditure Mileage		Category/Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">22</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">22</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>		
Mailing Address 272 Westgate Ct Apt 6			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">21.50</div>		
City Lexington		State NC	Zip Code 27295		Transaction ID : 2e6e8ab4-4955-4d1b-a
Purpose of Expenditure Salary		Category/Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">22</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">43.10</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1418 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y		

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination 09 / 22 / 2014	
Mailing Address 200 Carawood Lane		Amount 34.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : ea05ec6a-5c5c-4a54-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 09 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination 09 / 22 / 2014	
Mailing Address 200 Carawood Lane		Amount 15.30	
City Lexington	State NC	Zip Code 27295	Transaction ID : 251c00db-a6ae-423e-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 09 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1419 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 308 West Main Street		Amount 70.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : e45fd0e7-6998-4e6b-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 308 West Main Street		Amount 14.88	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 61a22390-0a6e-4810-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	84.88
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1420 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 286 Wrenn Drive			Amount 35.00		
City Lexington		State NC	Zip Code 27292		Transaction ID : f7c05e12-b1f5-4676-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 314 Tumbleweed Dr			Amount 35.00		
City Winston Salem		State NC	Zip Code 27127		Transaction ID : 6ba6c1cf-81c7-4cb4-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1421 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>		
Mailing Address 314 Tumbleweed Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">19.50</div>		
City Winston Salem		State NC	Zip Code 27127		Transaction ID : 821f753b-311b-4e86-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>		
Mailing Address 2357 Fancy Cap Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">50.00</div>		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : a45bb5ce-4fe8-429e-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">69.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div></div></div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1422 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 9.06		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 974661ba-1432-4d91-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 50.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 545196b2-1e64-4abe-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.06		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 9.06	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 289b7562-ce1f-4941-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 905 Lake Drive		Amount 40.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 61f3e217-d60b-4e9d-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.06
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1424 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 09 / 22 / 2014		
Mailing Address 905 Lake Drive			Amount 20.40		
City Shelby		State NC	Zip Code 28152		Transaction ID : fb57a9bf-c228-4cfd-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 09 / 22 / 2014		
Mailing Address 3654 Tara St			Amount 90.00		
City springdale		State AR	Zip Code 72762		Transaction ID : 28d91f9f-73f6-48a9-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1425 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 3654 Tara St			Amount 36.60		
City springdale	State AR	Zip Code 72762	Transaction ID : c7047d17-aab2-4085-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 40.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : d5d0a258-6b08-446a-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1426 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 5.10		
City Marrero	State LA	Zip Code 70072	Transaction ID : 9649953d-3763-438c-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 110 W Pecan St			Amount 40.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : a5cb43ca-5452-4035-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1427 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 110 W Pecan St			Amount 18.30	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : de8aa604-5b4b-458c-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 110 W Pecan St			Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 4ecccc3f-2d48-4278-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	58.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1428 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 09 / 22 / 2014		
Mailing Address 110 W Pecan St			Amount 18.30		
City State Zip Code Ville Platte LA 70586		Transaction ID : 55e4c399-e4eb-452a-a Date of Disbursement or Obligation 09 / 22 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 09 / 22 / 2014		
Mailing Address 3007 Darden Rd			Amount 90.00		
City State Zip Code Greensboro NC 27407		Transaction ID : b385a382-96d3-4395-8 Date of Disbursement or Obligation 09 / 22 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			108.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1429 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 3007 Darden Rd		Amount 18.90	
City Greensboro	State NC	Zip Code 27407	Transaction ID : c28950e5-bf1f-40a3-a
Purpose of Expenditure Mileage	Category/ Type	MM / DD / YYYY 09 / 22 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 3007 Darden Rd		Amount 90.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 517ca1c9-8c3d-474d-b
Purpose of Expenditure Salary	Category/ Type	MM / DD / YYYY 09 / 22 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	108.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1430 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 6412 Osage Dr		Amount 40.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 6a7a5cc2-2fca-4870-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 6412 Osage Dr		Amount 2.52	
City North Little rock	State AR	Zip Code 72116	Transaction ID : c820caed-8e3c-4d8b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	42.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Royce W Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 317 Farris Rd Apt 1		Amount 6.00	
City Conway	State AR	Zip Code 72034	Transaction ID : bd7a0771-1c69-4e73-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">26.00</div> <div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1432 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Hope Benner		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>	
Mailing Address 2073 A Clover Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City Springdale	State AR	Zip Code 72764	Transaction ID : d196d633-24fc-4a0d-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Hope Benner		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>	
Mailing Address 2073 A Clover Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.20</div>	
City Springdale	State AR	Zip Code 72764	Transaction ID : 2f0bbdb3-8ee8-4c47-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 22 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">90.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1433 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 55.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 83be310c-b904-4622-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2014	
Mailing Address 1025 Cayley Ct		Amount 52.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 261b7974-19cb-4f9d-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		107.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1434 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 1025 Cayley Ct		Amount 12.00		
City High Point	State NC	Zip Code 27260	Transaction ID : e108441b-3170-4ac7-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 22369 Ponderosa Dr.		Amount 70.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : d5fcb812-2272-4e1c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		82.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1435 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 22 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 10.80		
City Mandeville	State LA	Zip Code 70471	Transaction ID : c6992729-d127-42c6-9 Date of Disbursement or Obligation 09 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination 09 / 22 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 63.00		
City Slidell	State LA	Zip Code 70458	Transaction ID : 8a1e3228-360f-450e-b Date of Disbursement or Obligation 09 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1436 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 1025 Cayley Ct		Amount 15.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 10f29ee6-4633-40b1-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 1025 Cayley Ct		Amount 7.20	
City High Point	State NC	Zip Code 27260	Transaction ID : a49ca304-5693-4369-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 20.22	
City Elgin	State SC	Zip Code 29045	Transaction ID : 6ad3d8c1-c6c9-45d2-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.22
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 220 Doucet Rd		Amount 20.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 32b1a6bc-cabb-46b8-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1439 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 09 / 22 / 2014		
Mailing Address 220 Doucet Rd			Amount 1.32		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 10696e0c-963d-4413-8 Date of Disbursement or Obligation 09 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 09 / 22 / 2014		
Mailing Address 205 Medallion Circle			Amount 60.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 8dafa9c-e004-4467-9 Date of Disbursement or Obligation 09 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.32		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1440 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 205 Medallion Circle			Amount 49.50	
City Shreveport	State LA	Zip Code 71119	Transaction ID : ab0c957d-e005-40b5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 2506 Bolch Street			Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 1d44e3aa-e6d8-4fde-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1441 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 2506 Bolch Street			Amount 30.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : eb6572fd-56b5-440c-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 25.00		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : a18d5f8a-deca-462c-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1442 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2014		
Mailing Address 1700 E Part Ave		Amount 27.50		
City Searcy	State AR	Zip Code 72149	Transaction ID : a204c444-9514-44ed-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2014		
Mailing Address 1700 E Part Ave		Amount 5.94		
City Searcy	State AR	Zip Code 72149	Transaction ID : e94c5179-91e4-4377-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		33.44		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Mary Frank		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 14 Ramblewood Drive		Amount 2.85	
City Covington	State LA	Zip Code 70435	Transaction ID : 6e119d2f-eb30-4e2a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ►	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>32.85</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 039c448c-0bfe-4333-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount <div> <div>MM / DD / YYYY</div> <div>80.00</div> </div>	
City Winchester	State VA	Zip Code 22602	Transaction ID : a98f464a-5cb0-4ec8-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1652 1360 1659"> <tr> <td data-bbox="1122 1652 1360 1659">160.00</td></tr> </table>	160.00
160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1122 1659 1360 1663"> <tr> <td data-bbox="1122 1659 1360 1663"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1663 1360 1671"> <tr> <td data-bbox="1122 1663 1360 1671"></td></tr> </table>	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1446 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 100 Asbury Ct		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 0619df98-2930-4ac3-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 100 Asbury Ct		Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : b575345e-1033-4c83-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1447 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 312 S Gunter St			Amount 30.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : bc918e7b-7fbd-4369-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014	
Mailing Address 312 S Gunter St			Amount 3.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 23dc48c0-02ab-41e5-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1448 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Samantha M Dowell			Date of Public Distribution/Dissemination 09 / 22 / 2014		
Mailing Address 8450 Mount Valley Lane Apt 204			Amount 22.30		
City Raleigh		State NC	Zip Code 27613		Transaction ID : 62f74c13-6fb4-4769-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Samantha M Dowell			Date of Public Distribution/Dissemination 09 / 22 / 2014		
Mailing Address 8450 Mount Valley Lane Apt 204			Amount 0.90		
City Raleigh		State NC	Zip Code 27613		Transaction ID : 78831ec2-8495-4f7e-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>	
Mailing Address 10112 Piney Creek Ct		Amount <div> <div>60.00</div> </div>	
City Charolette	State NC	Zip Code 28215	Transaction ID : a808d698-f4e0-44f1-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 22 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	<div> <div>292434.22</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....		140.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1450 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 11.10		
City Charolette	State NC	Zip Code 28215	Transaction ID : 96e2ecc7-3e0d-44a6-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 55.00		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 4db15a47-f062-4185-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1451 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>		
Mailing Address 9455 Snow Camp Road			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9.60</div>		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 148cf647-5cec-417b-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City New Orleans		State LA	Zip Code 70131		Transaction ID : c3944402-b364-4fd3-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 22 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">69.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1452 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 9.60		
City New Orleans	State LA	Zip Code 70131	Transaction ID : b88ace0e-8287-4833-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 7151 Mullins Drive			Amount 90.00		
City Saltville	State VA	Zip Code 24370	Transaction ID : deb59892-c54c-42cb-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1453 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination 09 / 22 / 2014		
Mailing Address 7151 Mullins Drive			Amount 52.80		
City Saltville	State VA	Zip Code 24370	Transaction ID : 233c23af-a78b-49e0-a Date of Disbursement or Obligation 09 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 101 Asbury Ct			Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : c3a8b9bf-49c7-47df-b Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			112.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1454 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 407 randall Dr		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1d067973-80e9-4d49-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 407 randall Dr		Amount 2.10	
City Searcy	State AR	Zip Code 72143	Transaction ID : b944f296-f7b3-42c7-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	62.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1455 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 2121 Daniel Dr			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 9eb3d4fb-08ed-4c34-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 22 / 2014		
Mailing Address 2121 Daniel Dr			Amount 14.40		
City Searcy	State AR	Zip Code 72143	Transaction ID : 69420eab-0df9-4cc1-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	74.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1456 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 37347509-13c4-4d19-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 4967 Dysartville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : a2a4ba9d-5eeb-45b0-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1457 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 10.50		
City Morganton	State NC	Zip Code 28655	Transaction ID : 7618a219-7476-4eda-a Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 3815 Robin Road			Amount 20.00		
City Ayden	State NC	Zip Code 28513	Transaction ID : 8f848325-0694-464a-9 Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1458 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 3815 Robin Road		Amount 9.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 708c11d4-99c2-4c7e-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 30.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 2612dcc3-7233-4198-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	39.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1459 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 16.86		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 8a536943-9bfd-40d1-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 30.00		
City Rural Hall		State NC	Zip Code 27045		Transaction ID : 97186070-509b-4905-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.86		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1460 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 5828 Rena Road			Amount 45.00		
City Hamptonville		State NC	Zip Code 27020		Transaction ID : 0d44d329-3d95-4a49-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 5828 Rena Road			Amount 11.10		
City Hamptonville		State NC	Zip Code 27020		Transaction ID : b5374c3c-8b0f-4579-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1461 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Brittnie W Campbell		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 23 / 2014 </div>	
Mailing Address 5828 Rena Road		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 45.00 </div>	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : d66fc652-c555-4a0b-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 23 / 2014 </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 1095959.94 </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Quentin C Pool		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 23 / 2014 </div>	
Mailing Address 4091 E Horne Ave		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 30.00 </div>	
City Farmville	State NC	Zip Code 27828	Transaction ID : 63ea5fc9-7c52-4da0-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 23 / 2014 </div>
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 1095959.94 </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 75.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 75.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1462 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Quentin C Pool		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 4091 E Horne Ave		Amount 3.51	
City Farmville	State NC	Zip Code 27828	Transaction ID : 5f09fdee-7453-4152-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 40.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 45ec064e-902c-4096-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	43.51
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1463 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 5.10		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 6bce4f29-cf50-4eed-8 Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 105 South Dale St			Amount 70.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 8ce87855-800c-4885-b Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1464 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 105 South Dale St			Amount 70.00		
City State Zip Code Spruce Pine NC 28777		Transaction ID : bb6f9929-0f6a-4696-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 44 Bell St			Amount 80.00		
City State Zip Code Spruce Pine NC 28777		Transaction ID : 4be8077c-a27f-412a-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1465 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 44 Bell St			Amount 29.10		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 26d9ea4d-dfee-4aae-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 80.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : fcf3de1d-d54f-4539-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1466 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 29.40		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 4012a78f-4f6f-4b86-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 345 Auroura Ave			Amount 45.00		
City Metairie	State LA	Zip Code 70006	Transaction ID : a78835b0-b1b8-46a1-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1467 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address 345 Auroura Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.03</div>		
City Metairie		State LA	Zip Code 70006		Transaction ID : 5acd6f83-1cdb-4148-b
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address 407 randall Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : ef823bc9-25ca-4212-a
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">33.03</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1468 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 600 W Vine Ave		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : acdf528-d149-4f31-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 600 W Vine Ave		Amount 21.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 9d1c54f9-8f8f-4495-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1469 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 506 N Horton Street		Amount 50.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : be669682-ae60-460f-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 506 N Horton Street		Amount 22.20		
City Searcy	State AR	Zip Code 72143	Transaction ID : 7e04b8ab-e04c-454c-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		72.20		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1470 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 506 N Horton Street			Amount 40.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 5d67d2e3-754c-48a4-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 506 N Horton Street			Amount 18.30		
City Searcy		State AR	Zip Code 72143		Transaction ID : 7d93977b-afe9-48b7-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1471 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Mailing Address 6544 Arno College Grove Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">40.00</div>	
City College Grove		State TN	Zip Code 37046	
Purpose of Expenditure Salary		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;">001</div> Transaction ID : b098f40c-49bf-4636-9 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Mailing Address 308 West Main Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">70.00</div>	
City Pilot Mountain		State NC	Zip Code 27041	
Purpose of Expenditure Salary		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;">001</div> Transaction ID : 02d7db2d-d02b-43a2-a Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">110.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	
[Electronically Filed]				

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address Split Oak Drive		Amount 61.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : bed5f0f0-af09-42ec-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1473 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address Split Oak Drive			Amount 17.10	
City charlotte	State NC	Zip Code 28227	Transaction ID : 10d35d6a-1c9c-43ce-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 250 JS Brewton rd			Amount 50.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 4171823b-7523-4929-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1474 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 250 JS Brewton rd		Amount 3.60		
City goldonna	State LA	Zip Code 71031	Transaction ID : 86e4147c-baad-4c0a-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Chad E Day		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 168 Emerald Hill		Amount 65.00		
City Forest City	State NC	Zip Code 28043	Transaction ID : 06bb3564-824b-4016-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		68.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1475 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination 09 / 23 / 2014	
Mailing Address 488 Broadwell Dr			Amount 30.00	
City Nashville		State TN	Zip Code 37220	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : f5ef9ae9-ccd8-43a7-a Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 09 / 23 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 20.00	
City Charolette		State NC	Zip Code 28215	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 889ec84b-96c9-41d8-b Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1476 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 3.30		
City Charolette	State NC	Zip Code 28215	Transaction ID : 6be81fe6-70cc-4f06-a Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 3 Girard St			Amount 55.00		
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 1bc146df-3075-4ed6-b Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 3 Girard		Amount 50.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : f44a95d2-785a-4f02-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	55.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 448 Judson Dr		Amount 9.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : dfaf6459-6e62-49d0-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1479 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 3002 Darden Rd Apt A			Amount 75.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 76149522-8820-4cb6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 450 Judson Dr			Amount 50.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 3fd30861-29c7-44a7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1480 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 450 Judson Dr			Amount 6.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 0cd8428e-9b9c-4fff-8 Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 907 Randall Drive			Amount 30.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : e8361f54-e4f6-4f01-a Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1481 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 907 Randall Drive		Amount 15.90	
City Searcy	State AR	Zip Code 72149	Transaction ID : 8a4772e5-0dd4-4ebf-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1434 South Avenue		Amount 95.00	
City Eden	State NC	Zip Code 27288	Transaction ID : fd9bcc70-bf27-4c3f-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 502 N Oak St		Amount 45.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 3fdaaa45-9ddf-473c-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1483 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 502 N Oak St		Amount 14.40	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 975caa34-79e9-47fa-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Samantha M Dowell		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 8450 Mount Valley Lane Apt 204		Amount 12.00	
City Raleigh	State NC	Zip Code 27613	Transaction ID : c6077d7e-551f-4935-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		26.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1484 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Samantha M Dowell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014	
Mailing Address 8450 Mount Valley Lane Apt 204		Amount 0.30	
City Raleigh	State NC	Zip Code 27613	Transaction ID : 8424df6e-b390-458d-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee David Ford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014	
Mailing Address 106 Hillside St		Amount 85.00	
City Spindale	State NC	Zip Code 28160	Transaction ID : 2897f3d8-db79-4c8d-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		85.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1485 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 106 Hillside St			Amount 41.70		
City Spindale		State NC	Zip Code 28160		Transaction ID : d9fbb728-9f3f-4838-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 6108 Harkins Ave			Amount 42.50		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 6e8f9354-98d4-41db-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1486 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 6108 Harkins Ave			Amount 15.60		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 60ed9a78-94dd-46a0-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 70.00		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 5f95447a-5ea5-4368-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 13.50	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 5a16b5c9-3260-48d1-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 44 Bell Street Ext		Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 42645d92-3484-4158-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1488 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 44 Bell Street Ext			Amount 29.40		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 744aef27-88c3-4efb-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Chelsea M Slattery			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 17 Shenandoah St			Amount 22.00		
City Kenner		State LA	Zip Code 70065		Transaction ID : 91ce7388-f5dc-4f5d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1489 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Chelsea M Slattery			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address 17 Shenandoah St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">5.10</div>		
City Kenner		State LA	Zip Code 70065		Transaction ID : 7a4485a3-e99f-43f6-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address 4006 Wolkswalk Place			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21.50</div>		
City Raleigh		State NC	Zip Code 27610		Transaction ID : ae01b388-d5ed-43e4-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1490 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 5.70	
City Raleigh	State NC	Zip Code 27610	Transaction ID : f1ac0772-bc39-4340-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 8822 Apple St		Amount 65.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 11d90268-9a97-485b-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1491 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 8822 Apple St			Amount 65.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : bae88360-3797-4d19-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Miranda A Resinos			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 1430 Sunnyside Rd			Amount 70.00		
City Alma		State AR	Zip Code 72921		Transaction ID : 82e0154f-94b5-440f-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			135.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 924 N. Prieur St		Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : c82eb4f0-e902-4da1-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1493 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 924 N. Prieur St			Amount 15.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : bdd2373b-ce94-42e4-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 40.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 8803590c-7e4f-4730-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			55.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1494 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 21.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 1719e189-40bd-4468-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 20.00		
City Little Rock	State AR	Zip Code 72205	Transaction ID : ce2cdacb-a5e5-48aa-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1495 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 4.20		
City Little Rock		State AR	Zip Code 72205		Transaction ID : e7903880-4277-48ac-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 6412 Osage Dr			Amount 80.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 18901a8a-b095-46f3-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1496 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address 6412 Osage Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.38</div>		
City North Little rock		State AR	Zip Code 72116		Transaction ID : c34f784d-e855-4644-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>		
Mailing Address 110 W Pecan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : ce39f24f-aa6c-4ded-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 23 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">57.38</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1497 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 110 W Pecan St			Amount 17.40		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 1c644dd6-4b62-48dd-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Natalie M Foutch			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 1057 Waldron Road			Amount 40.00		
City LaVergne	State TN	Zip Code 37086	Transaction ID : 7622a61a-5151-40c1-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1498 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 4691 Hercules Lane			Amount 100.00		
City Woodbridge		State VA	Zip Code 22193		Transaction ID : 2f79e502-6490-4609-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Charity A Carr			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 13827 S E 44th St			Amount 55.00		
City Choctaw		State OK	Zip Code 73020		Transaction ID : 39886c97-aabf-4ee4-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			155.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date 01 / 30 / 2015		

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 100.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : eee518ab-1d3e-4c50-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1500 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Anna C Didier		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 710 S College Rd Apt 84		Amount 20.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : a3e890db-16ce-4c5a-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Anna C Didier		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 710 S College Rd Apt 84		Amount 22.50	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 68f58e51-2191-42fd-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 200 Carawood Lane		Amount 50.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 29b32705-57f8-41c5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;">70.00</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;"></div> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;"></div> </div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1502 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 200 Carawood Lane			Amount 18.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : 1cb300ce-107b-432a-a Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 38.70		
City Conway	State AR	Zip Code 72034	Transaction ID : 02106bbf-f493-4a53-8 Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1503 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 2.58		
City Conway	State AR	Zip Code 72034	Transaction ID : 5a5bb332-f305-43ea-a Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kristian A Jones			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 121 Blueberry Fields			Amount 10.00		
City Maple Hill	State NC	Zip Code 28454	Transaction ID : b8ae3ed9-c0c9-4f53-9 Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12.58		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 2506 Bolch Street		Amount <div> <div>MM / DD / YYYY</div> <div>80.00</div> </div>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 3a5fcc84-c20e-49ed-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1505 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 2506 Bolch Street			Amount 33.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 0d15a494-e537-4d90-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 52.50	
City Carriere	State MS	Zip Code 39426	Transaction ID : e1ad9c37-8c05-4c2c-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			85.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 180 McNeil Steep Hollow Rd			Amount 12.60		
City	State	Zip Code	Transaction ID : 325f241d-d640-4cd9-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Carrier	MS	39426			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate		<input type="checkbox"/> Support	Office Sought: <input type="checkbox"/> House District: 00		
Ms. Mary L Landrieu		<input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 205 Medallion Circle		Amount 60.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 53491936-8b01-480d-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1507 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 205 Medallion Circle			Amount 18.60		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 462ef508-6234-4e19-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sandra L Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 40.00		
City Conway	State AR	Zip Code 72032	Transaction ID : ad5ba72e-1b39-4ec5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1508 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 40.00	
City Conway	State AR	Zip Code 72032	Transaction ID : b4eed557-7e35-49e2-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 10.80	
City Conway	State AR	Zip Code 72032	Transaction ID : e0d3778e-e547-4afc-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.50	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 84efcba5-9f45-4431-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>31.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 18065 Wayne Rd		Amount 65.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : b8603200-5d42-4f4f-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1511 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 65.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : f84696a9-c63f-47cf-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 25.95	
City Elgin	State SC	Zip Code 29045	Transaction ID : c2d54c8b-9c21-4b34-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	90.95
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

 MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 3654 Tara St		Amount 43.50	
City springdale	State AR	Zip Code 72762	Transaction ID : f8b650ce-6974-4877-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 282 Falls Ave		Amount 30.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : d93c2239-2367-458b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 282 Falls Ave			Amount 15.30		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 00b4a830-1dc9-467c-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Caleb A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 2646 N Valencia		Amount 40.00	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 69e39d13-99f5-4198-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>		
Mailing Address P.O. Box 712			Amount <div> <div>70.00</div> </div>		
City Alexander	State AR	Zip Code 72002	Transaction ID : eda5e6fd-79f8-43c2-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292434.22</div> </div>	District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1515 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address P.O. Box 712			Amount 18.60		
City Alexander		State AR	Zip Code 72002		Transaction ID : 24b0c5a4-c492-4f8c-b Date of Disbursement or Obligation 09 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 7151 Mullins Drive			Amount 80.00		
City Saltville		State VA	Zip Code 24370		Transaction ID : 2c5b5739-cd95-4032-b Date of Disbursement or Obligation 09 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1516 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 7151 Mullins Drive			Amount 99.99 49.80		
City Saltville	State VA	Zip Code 24370	Transaction ID : 8d9fcb50-9865-4e10-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 99.99 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 99.99 70.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 9e63b5f3-9903-4619-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 99.99 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.99 119.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99.99 0.00		
(c) TOTAL Independent Expenditures..... ▶			99.99 119.80		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div> <div>Amount</div> <div>60.00</div> </div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 4391bb2d-8334-496f-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 25.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 553f14cd-c538-4521-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		36.70
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Stephanie L Heun		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>	
Mailing Address 8026 S Wilwood Dr Apt 101		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : a44aebd3-850b-437b-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 23 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	43.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1520 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 09 / 23 / 2014	
Mailing Address 3007 Darden Rd			Amount 90.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d8fefcd0-c9bb-4fc5-9 Date of Disbursement or Obligation 09 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 09 / 23 / 2014	
Mailing Address 3007 Darden Rd			Amount 21.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 49e7fa05-589e-4ce5-b Date of Disbursement or Obligation 09 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1521 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>	
Mailing Address 3007 Darden Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 251d938d-1121-4b24-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>	
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>	
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 55fb545c-390e-40c7-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>	
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">160.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1522 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 2090 Fancy Gap Rd			Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : ec2594cd-dc83-42a4-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 2090 Fancy Gap Rd			Amount 14.64	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 5aed2537-bc64-4143-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			94.64	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1523 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 2565 Shire Circle			Amount 30.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 18851a04-af24-4d86-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 35.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 4c91ebd6-98ee-4947-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1524 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 09 / 23 / 2014	
Mailing Address 905 Lake Drive			Amount 71.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : da133128-6a39-422a-b Date of Disbursement or Obligation 09 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 09 / 23 / 2014	
Mailing Address 905 Lake Drive			Amount 21.75	
City Shelby	State NC	Zip Code 28152	Transaction ID : 09623717-b5c8-4ac6-b Date of Disbursement or Obligation 09 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.75	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1525 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 2121 Daniel Dr			Amount 80.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 2d2a16a3-af1f-4e59-a Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 2121 Daniel Dr			Amount 50.40		
City Searcy	State AR	Zip Code 72143	Transaction ID : ab0a7ade-74f5-4ada-b Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1526 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 300 Evangeline St			Amount 20.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : b48bfec-6576-4605-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 300 Evangeline St			Amount 2.40		
City Monroe	State LA	Zip Code 71201	Transaction ID : c3e979ab-4a28-4f94-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1527 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014
Mailing Address 3110 Brentwood Rd		Amount 80.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 0dad590b-addb-4bb5-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014
Mailing Address 3110 Brentwood Rd		Amount 6.90
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 5e30f57c-1b15-4819-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1528 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014	
Mailing Address 1025 Cayley Ct		Amount 60.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 9e52cda4-3223-4d0b-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014	
Mailing Address 1025 Cayley Ct		Amount 13.20	
City High Point	State NC	Zip Code 27260	Transaction ID : 90042218-2bda-4318-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		73.20	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1529 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 1025 Cayley Ct			Amount 70.00		
City High Point		State NC	Zip Code 27260		Transaction ID : a22a1ea4-3fe6-472d-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary		Category/Type	001		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 1025 Cayley Ct			Amount 12.90		
City High Point		State NC	Zip Code 27260		Transaction ID : a19666d5-e038-43ba-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Mileage		Category/Type	002		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			82.90		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1530 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 4902 Catawba Dr		Amount 35.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 276d1e41-2ac3-409e-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 4902 Catawba Dr		Amount 11.40	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d5780401-0015-43f8-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	46.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1531 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 23 2014 </div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 35.00 </div> </div>	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8aa9eafa-4c74-46ef-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 23 2014 </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 292434.22 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 23 2014 </div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 19.71 </div> </div>	
City Searcy	State AR	Zip Code 72143	Transaction ID : a6757eb0-57af-4f03-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 23 2014 </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 292434.22 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 54.71 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01
30
2015

Signature

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 3.30	
City Monroe	State LA	Zip Code 71212	Transaction ID : a1e2c1cf-fa6f-49a3-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>33.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 3a70e1ae-54fe-4658-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 294ba7fd-614f-4032-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: 10px;">160.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '01' with 'M' indicators above the segments. The second unit shows '30' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1534 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 14.64		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : fa03a65e-9d44-450a-a Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 5521 Randolph St.			Amount 45.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 9f1decec-8a7f-4a72-8 Date of Disbursement or Obligation 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.64		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1535 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014		
Mailing Address 5521 Randolph St.		Amount 10.80		
City Marrero	State LA	Zip Code 70072	Transaction ID : bcbf9be1-fd0a-4c4a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014		
Mailing Address 100 ASBURY CT		Amount 60.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : b8c40af5-9c9a-4bf0-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		70.80		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date 01 / 30 / 2015		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1536 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>		
Mailing Address 312 S Gunter St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 140e9b01-67a5-4137-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>		
Mailing Address 312 S Gunter St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.00</div>		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : b9c0ba90-4319-4352-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">33.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1537 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 9624019f-907c-4a27-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 15eadbc7-364a-4ede-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1538 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 1c51246f-af7b-4989-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 09 / 23 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : e66cc309-1626-4f67-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1539 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1700 E Part Ave			Amount 9999.99 35.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : 68234804-0745-4eea-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		99999999.99 292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1700 E Part Ave			Amount 9999.99 26.49	
City Searcy	State AR	Zip Code 72149	Transaction ID : 2d230867-44cd-44d6-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		99999999.99 292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999.99 61.99	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999.99	
(c) TOTAL Independent Expenditures..... ▶			99999999.99	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1540 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kirsten E McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1419 S Highbush Ave			Amount 40.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 0ca2469e-dd4f-4359-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kirsten E McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 1419 S Highbush Ave			Amount 3.90	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : fbaf6778-f5f9-421c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	43.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1541 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 50.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 7019c875-4987-45f3-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 7.80	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 81a0ce55-d573-4f0a-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1542 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 30.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 4f52da37-5290-4a62-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 5.10	
City Marrero	State LA	Zip Code 70072	Transaction ID : 30d7a7e4-a74e-4577-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1543 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 1900 Glen West Way			Amount 40.00		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : f99b8dda-257f-4f9d-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 1900 Glen West Way			Amount 11.70		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : e8fa41be-0114-4e36-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014	
Mailing Address 2319 West Oak		Amount 30.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : 4f112fca-0456-44e9-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 31.50	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 8df6a7fe-a47c-4f1c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		46.65
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1546 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 3.15		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : a2d5cd37-79f7-4705-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address Split Oak Drive			Amount 35.00		
City charlotte	State NC	Zip Code 28227	Transaction ID : bbce3eaf-6513-4753-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.15		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1547 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address Split Oak Drive			Amount 12.60		
City charlotte	State NC	Zip Code 28227	Transaction ID : a49641a2-e597-42ff-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 31.50		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : c7a8f4a1-5419-4d71-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1548 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 5003 Allison Lane			Amount 60.00		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : da358e90-fb9d-443b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 5003 Allison Lane			Amount 10.50		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 3237d8ef-9bef-47ff-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1549 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Paramount			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 525-K East Market Street 114			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 402.65		
City Leesburg		State VA	Zip Code 20176		Transaction ID : 2b18680d-a156-4217-b
Purpose of Expenditure Blast Emails		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 7214 Duchamp Dr			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 25.00		
City Charlotte		State NC	Zip Code 23215		Transaction ID : 2474ae0d-5078-4e5c-8
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 427.65		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1550 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 24 / 2014 </div>	
Mailing Address 7214 Duchamp Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.40 </div>	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 1d03217e-5444-428e-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 24 / 2014 </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Paramount		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 24 / 2014 </div>	
Mailing Address 525-K East Market Street 114		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5.51 </div>	
City Leesburg	State VA	Zip Code 20176	Transaction ID : e92f63bb-a6c7-4b83-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 24 / 2014 </div>
Purpose of Expenditure Blast Emails		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10.91</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1551 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Paramount			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 525-K East Market Street 114			Amount 403.06	
City Leesburg	State VA	Zip Code 20176	Transaction ID : b9b92861-0cb3-41ee-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Purpose of Expenditure Blast Emails		Category/Type 004		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Paramount Originally reported as \$5.52			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 525-K East Market Street 114			Amount 57.75	
City Leesburg	State VA	Zip Code 20176	Transaction ID : 0baa1f50-62e2-41c9-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Purpose of Expenditure Blast Emails		Category/Type 004		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			460.81	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1552 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>		
Mailing Address 5828 Rena Road			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">45.00</div>		
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 3629930a-113c-4710-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>		
Mailing Address 5828 Rena Road			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9.90</div>		
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 1dd24d76-84a5-47e5-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 24 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">54.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1553 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">24</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 3 Girard			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">55.00</div>		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 325b6151-c62f-4bf0-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">24</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►		

Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">24</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 3 Girard			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20.10</div>		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 20c36694-adc8-47e6-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="border: 1px solid black; padding: 2px;">09</div> / <div style="border: 1px solid black; padding: 2px;">24</div> / <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">75.10</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01

 /

30

 /

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1554 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 3 Girard St		Amount 60.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 79f8929c-55ce-4889-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 9425 Jessica Drive		Amount 20.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 3d9e3546-ebc5-4520-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1555 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 9425 Jessica Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div>		
City Shreveport		State LA	Zip Code 71106		Transaction ID : f3e1e44b-8a49-4142-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 1691 Fork Mtn Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Bakersville		State NC	Zip Code 28705		Transaction ID : d02e03d8-aa24-4c0d-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">53.60</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;"></div></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
<div style="display: flex; justify-content: space-between; align-items: center;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div></div><div style="width: 20%;"></div></div>					

Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <div> <div>Amount</div> <div>30.00</div> </div>		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 327e1849-c061-431f-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	54.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 5330 Nestleway Dr		Amount <div> <div>Amount</div> <div>45.00</div> </div>	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 483776e1-688a-41a6-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1558 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 5.40		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 25c8881c-4fb7-4414-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 488 Broadwell Dr			Amount 30.00		
City Nashville	State TN	Zip Code 37220	Transaction ID : b495b45b-0908-4bda-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			35.40		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1559 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 488 Broadwell Dr			Amount 2.46		
City Nashville	State TN	Zip Code 37220	Transaction ID : 7e95ff91-a514-43ce-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Miranda A Resinos			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 1430 Sunnyside Rd			Amount 60.00		
City Alma	State AR	Zip Code 72921	Transaction ID : f526c40d-4868-4d73-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.46		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 44 Bell St		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 8da794dc-cb3d-498f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 2014 <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1561 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 44 Bell St			Amount 24.90		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 9c0b68e6-3198-4b96-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 44 Bell Street Ext			Amount 50.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : f62a3732-008e-44b2-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1562 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 44 Bell Street Ext			Amount 24.90		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : f2a55784-76cc-4bcd-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Floyd W Ferren			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 909 Holmes Rd Apt 143			Amount 25.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 2e0e7dc9-78a7-43e2-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			49.90		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1563 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 345 Auroura Ave		Amount 75.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : ace220d2-d859-4629-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 345 Auroura Ave		Amount 2.82	
City Metairie	State LA	Zip Code 70006	Transaction ID : d22a10dc-1f21-48e1-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	77.82
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1410 Bushville Dr		Amount 40.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 1a46b67d-56ef-4988-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1565 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 1410 Bushville Dr			Amount 12.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : e75cf9af-09f1-4f5a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 112 apache Dr			Amount 40.00		
City Search	State AR	Zip Code 72149	Transaction ID : 4e89930d-408c-4b16-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 180 McNeil Steep Hollow Rd		Amount <div> <div>Amount</div> <div>47.50</div> </div>	
City Carriere	State MS	Zip Code 39426	Transaction ID : ce57d689-f1b5-459a-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div>Year-To-Date</div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		54.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1567 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 15.90	
City Carriere	State MS	Zip Code 39426	Transaction ID : 6d506c0d-25de-4caa-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 3300 Asher Ave			Amount 65.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 96de4e8c-b755-4af7-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1568 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 3300 Asher Ave			Amount 19.50		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 2acfdab7-a63b-4751-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 71.40		
City Lexington	State NC	Zip Code 27295	Transaction ID : ec789412-fb8a-4fb0-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1569 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 19.50		
City Lexington		State NC	Zip Code 27295		Transaction ID : 6bb31672-49fd-4205-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 200 Carawood Lane			Amount 71.40		
City Lexington		State NC	Zip Code 27295		Transaction ID : 94e733c2-640e-46d6-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1570 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 200 Carawood Lane		Amount 9.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : b1f75a73-a8f8-48ef-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 106 Hillside St		Amount 10.00		
City Spindale	State NC	Zip Code 28160	Transaction ID : a5f3a54e-4d84-4d26-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		19.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1571 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 106 Hillside St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">45.99</div>		
City Spindale	State NC	Zip Code 28160	Transaction ID : 6dcf2f20-81d2-499b-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lindsey N Rose			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 615 Live Oak Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.00</div>		
City searcy	State AR	Zip Code 72143	Transaction ID : 49d2a948-3df2-4eec-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75.99</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1572 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">MM</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">DD</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">YYYY</div>					
Full Name of Payee Lindsey N Rose			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 615 Live Oak Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">8.01</div>		
City searcy	State AR	Zip Code 72143	Transaction ID : 56889746-3fec-4ab6-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 600 W Vine Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">50.00</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : dbc67cac-4788-4cb2-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">58.01</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1573 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 407 randall Dr			Amount 50.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f1d6260b-54d2-403d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 102 S Main Street Apt A2			Amount 80.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 0821607e-4421-402e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1574 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 48.70		
City Conway		State AR	Zip Code 72034		Transaction ID : 77cde9e9-5ab2-40c1-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 4.59		
City Conway		State AR	Zip Code 72034		Transaction ID : 86be71ff-4ac3-4e12-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.29		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1575 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 907 Randall Drive			Amount 50.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : e1749e8a-007c-460d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 907 Randall Drive			Amount 19.50		
City Searcy	State AR	Zip Code 72149	Transaction ID : ea6b9f25-0386-4fbc-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1576 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 4691 Hercules Lane			Amount 100.00		
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 35dc51bd-e63e-4e60-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Caleb A Smith			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 2646 N Valencia			Amount 20.00		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 3bef219f-360f-4c14-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1577 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Caleb A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 2646 N Valencia		Amount 7.80	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 65344058-e330-4966-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 3454b35c-15bd-4d03-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1578 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 220 Doucet Rd			Amount 1.02		
City Lafayette	State LA	Zip Code 70503	Transaction ID : cde74d1c-b0ec-4181-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 101 Asbury Ct			Amount 90.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 16793340-3ca9-43a0-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.02		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 2121 Daniel Dr		Amount 36.06	
City	State	Zip Code	Transaction ID : 9c72ae11-f9d7-41b1-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1580 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 4967 Dysartville			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 611d1929-17c0-4764-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 4967 Dysartville			Amount 6.60	
City Morganton	State NC	Zip Code 28655	Transaction ID : 34c5a034-8793-4d64-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	86.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1581 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : 7156544c-34fa-4fd8-a Date of Disbursement or Obligation 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : e9cdc87d-5b0c-426f-b Date of Disbursement or Obligation 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1582 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 2506 Bolch Street			Amount 99999999 39.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : c7b67146-331b-4c55-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		99999999 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 205 Medallion Circle			Amount 99999999 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : af476338-1f7f-4c49-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		99999999 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999 119.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999		
(c) TOTAL Independent Expenditures..... ▶			99999999		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1583 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 205 Medallion Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16.80</div>		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 73a2a43e-392e-4417-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 6412 Osage Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 96bf9bc4-369f-4c80-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">76.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1584 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 6412 Osage Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.14</div>		
City North Little rock		State AR	Zip Code 72116		Transaction ID : d9f37a7d-7c4b-4438-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 1809 N Woodlawn			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">65.00</div>		
City Metairie		State LA	Zip Code 70001		Transaction ID : 17caedbd-cdf2-4da0-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">75.14</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1585 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 1809 N Woodlawn			Amount 3.60		
City Metairie	State LA	Zip Code 70001	Transaction ID : 8ecaf09e-550b-4983-9 Date of Disbursement or Obligation 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 502 N Oak St			Amount 40.00		
City Little Rock	State AR	Zip Code 72205	Transaction ID : aba1fc8a-4a7f-4421-a Date of Disbursement or Obligation 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 502 N Oak St		Amount 10.20	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 61a9d565-cfe3-4e86-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Pamela Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 502 N Oak St		Amount 25.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 207038f9-9e09-4344-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="text-align: right;">35.20</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="text-align: center;"> </div> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="text-align: center;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 40.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : bc964592-5dcd-4739-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>45.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1588 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2090 Fancy Gap Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6.24</div>		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 4b066c08-f5af-4db8-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Connor E Erwin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 221 Baridon St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.00</div>		
City Conway	State AR	Zip Code 72034	Transaction ID : c7c446d6-7087-4ddf-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26.24</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1589 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Connor E Erwin			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 221 Baridon St			Amount 8.40		
City Conway	State AR	Zip Code 72034	Transaction ID : 3da63cc5-95b4-4dda-8 Date of Disbursement or Obligation 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 110 W Pecan St			Amount 55.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6634bdd9-079e-4fe6-8 Date of Disbursement or Obligation 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1590 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 110 W Pecan St			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 18.90		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0ac6658f-6d02-4d00-8 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Mailing Address 101 Durham Drive			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 40.00		
City Lafayette	State LA	Zip Code 70508	Transaction ID : ec5e255f-6536-45cc-8 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 58.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 30 / 2015	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 22369 Ponderosa Dr.		Amount <div> <div>Amount</div> <div>60.00</div> </div>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : a3362d74-c36b-44d4-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1592 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 6.90		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 5d588bcf-fc61-407b-b Date of Disbursement or Obligation 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 282 Falls Ave			Amount 40.00		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 4b996d6b-4f6e-4293-a Date of Disbursement or Obligation 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1593 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 282 Falls Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">26.70</div>		
City Granite Falls		State NC	Zip Code 28630		Transaction ID : 498403c1-29f1-4145-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 250 JS Brewton rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">50.00</div>		
City goldonna		State LA	Zip Code 71031		Transaction ID : b9a4ede0-e258-4d3f-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">76.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1594 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 250 JS Brewton rd			Amount 3.60		
City goldonna	State LA	Zip Code 71031	Transaction ID : 3b4a35ae-5a29-4f6b-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 30.00		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 0a3c9a91-0f6b-4eee-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1700 E Part Ave		Amount 32.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : 23d15846-898b-41f1-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="float: right; margin-right: 10px;">40.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 35.00	
City Conway	State AR	Zip Code 72034	Transaction ID : a96d76e3-2f66-44fd-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.11
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1597 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014		
Mailing Address 307 Farris Rd Apt 1			Amount 4.50		
City Conway		State AR	Zip Code 72034		Transaction ID : 78b78372-09c3-45d1-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014		
Mailing Address 105 South Dale St			Amount 40.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 456c29aa-0d60-469c-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			44.50		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1598 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 105 South Dale St		Amount 40.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 61e83da4-a155-4320-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 105 South Dale St		Amount 40.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 34d6ef66-a394-4dd9-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1599 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">70.00</div>		
City State Zip Code New Orleans LA 70131		Transaction ID : ce35edac-2ed8-405e-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>			
Purpose of Expenditure Salary		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2320 Saint Nick Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16.80</div>		
City State Zip Code New Orleans LA 70131		Transaction ID : 3380d00a-0bb4-4917-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">24</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>			
Purpose of Expenditure Mileage		Category/ Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">86.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1600 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014
Mailing Address 147 Possum Trot Rd		Amount 50.00
City Bakersville	State NC	Zip Code 28705
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b081d463-cc7a-4c9e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014
Mailing Address 147 Possum Trot Rd		Amount 25.80
City Bakersville	State NC	Zip Code 28705
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 308d9e54-7022-4d58-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1601 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					

Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 50.00		
City Elgin	State SC	Zip Code 29045	Transaction ID : ad3796e2-951c-4cb2-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 24 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 18.72		
City Elgin	State SC	Zip Code 29045	Transaction ID : d0575ab4-65ad-4e30-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature

[Electronically Filed] Date M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1602 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 09 / 24 / 2014	
Mailing Address 18065 Wayne Rd			Amount 50.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : ca0f98db-46a4-4ea3-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 09 / 24 / 2014	
Mailing Address 804 Roundabout Circle			Amount 40.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 9e617b6f-ee12-4908-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1603 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 50.00	
City Conway	State AR	Zip Code 72032	Transaction ID : c56310ba-9c84-4779-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 4.50	
City Conway	State AR	Zip Code 72032	Transaction ID : 0cfdd459-bc60-4128-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1025 Cayley Ct		Amount 110.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 3b3ae63a-b1ed-4a27-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1025 Cayley Ct		Amount 18.90	
City High Point	State NC	Zip Code 27260	Transaction ID : 252c1591-04cd-4d5c-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>128.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '01' with 'M' indicators above the segments. The second unit shows '30' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. They are separated by slashes.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1605 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 24 2014 </div> </div>	
Mailing Address 1025 Cayley Ct		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 115.00 </div> </div>	
City High Point	State NC	Zip Code 27260	Transaction ID : 421dfe73-e5a0-4245-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 24 2014 </div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 24 2014 </div> </div>	
Mailing Address 1025 Cayley Ct		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 19.50 </div> </div>	
City High Point	State NC	Zip Code 27260	Transaction ID : aa989f84-8ec0-4b9d-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 24 2014 </div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 134.50 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01
30
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1606 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 6544 Arno College Grove Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City College Grove		State TN	Zip Code 37046		Transaction ID : 5da586e4-b43b-4ec5-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 506 N Horton Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 0662dd93-ae0e-4ef5-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1607 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 506 N Horton Street			Amount 10.20		
City Searcy	State AR	Zip Code 72143	Transaction ID : d6e17c37-fb5f-462f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 4902 Catawba Dr			Amount 115.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : f25be529-8489-4c48-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>		
Mailing Address P.O. Box 712			Amount <div> <div>75.00</div> </div>		
City Alexander	State AR	Zip Code 72002	Transaction ID : af02fd4d-ed68-4fbe-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1609 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address P.O. Box 712			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">25.50</div>		
City Alexander		State AR	Zip Code 72002		Transaction ID : edd3c58d-e938-4217-8
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Amber N Robbins			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>		
Mailing Address 1074 A Cottrell Hill Rd Apt A			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">25.00</div>		
City Lenior		State NC	Zip Code 28645		Transaction ID : af40f3d8-3758-480b-9
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 24 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">50.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1610 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Amber N Robbins			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 1074 A Cottrell Hill Rd Apt A			Amount 6.30	
City Lenior	State NC	Zip Code 28645	Transaction ID : 1c0d58ff-0e20-4644-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 6101 NORA ST			Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 9f61179c-33ed-4f35-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			76.30	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1611 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 1434 South Avenue			Amount 100.00		
City Eden	State NC	Zip Code 27288	Transaction ID : 46383363-81da-4527-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 1434 South Avenue			Amount 18.60		
City Eden	State NC	Zip Code 27288	Transaction ID : a47a5844-e0ed-4155-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Jon Linch		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 6108 Harkins Ave		Amount <div> <div>Amount</div> <div>62.50</div> </div>	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 6b904375-5e76-45da-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1613 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 6108 Harkins Ave			Amount 27.60		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 2020a09e-8669-4135-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Kirsten E McKinney			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 1419 S Highbush Ave			Amount 25.00		
City Fayetteville		State AR	Zip Code 72701		Transaction ID : a56f4340-8c77-45bc-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 300 Evangeline St		Amount 30.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 20cabe04-bea7-4cd3-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 40.00	
City	State	Zip Code	Transaction ID : 378408d5-4a89-49af-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>43.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1616 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 17.28		
City Searcy	State AR	Zip Code 72143	Transaction ID : 9921ce13-3381-48a0-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 40.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : b9f570cc-2352-4715-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.28		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Benjamin K Cunningham		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 3502 S 66th St Apt 47		Amount 3.00	
City Fort Smith	State AR	Zip Code 72903	Transaction ID : 90560ace-26df-4fea-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1650 1360 1656"> <tr><td data-bbox="1101 1650 1360 1656">38.00</td></tr> </table>	38.00
38.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1101 1656 1360 1661"> <tr><td data-bbox="1101 1656 1360 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1661 1360 1669"> <tr><td data-bbox="1101 1661 1360 1669"></td></tr> </table>	

Signature

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 1103 West Wilson Street		Amount <div> <div>18.60</div> </div>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : cf2fb620-f749-4a34-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2e302cc7-30f7-40be-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1650 1360 1656"> <tr> <td data-bbox="1122 1650 1360 1656">115.00</td></tr> </table>	115.00
115.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1122 1656 1360 1661"> <tr> <td data-bbox="1122 1656 1360 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1661 1360 1669"> <tr> <td data-bbox="1122 1661 1360 1669"></td></tr> </table>	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1620 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 17.49		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : cf3ef3bf-2be0-42b9-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 3007 Darden Rd			Amount 90.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 1cbfd021-7e16-4d0b-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.49		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 3007 Darden Rd		Amount <div> <div>90.00</div> </div>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1efb2885-fd0f-4e80-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	<div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1622 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 1110 N Coolidge			Amount 27.50		
City Gonzales	State LA	Zip Code 70737	Transaction ID : bac925f8-00ed-4c11-a Date of Disbursement or Obligation 09 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 09 / 24 / 2014		
Mailing Address 1110 N Coolidge			Amount 4.92		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 7f9d355d-3f90-4ffe-8 Date of Disbursement or Obligation 09 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.42		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 100 ASBURY CT		Amount 80.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : cac861cf-35a4-4cde-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 040af4bf-58ca-40d7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>160.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1625 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 91879b54-499e-4a5d-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 0bad14a2-62dd-4964-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1626 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 09 / 24 / 2014	
Mailing Address 629 Radiance Ave			Amount 75.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 0d3678a6-77c3-41b9-a Date of Disbursement or Obligation 09 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 09 / 24 / 2014	
Mailing Address 629 Radiance Ave			Amount 6.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : a2f011de-a6f8-408a-b Date of Disbursement or Obligation 09 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 924 N. Prieur St		Amount 12.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 55280099-dc92-4827-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	92.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1628 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 7 Bards Lane		Amount 105.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : da43ffb3-84c7-4c12-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 7 Bards Lane		Amount 19.80	
City Fletcher	State NC	Zip Code 28732	Transaction ID : f697a23d-4b32-492c-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	124.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 300 Evangeline St		Amount <div> <div>MM / DD / YYYY</div> <div>30.00</div> </div>	
City Monroe	State LA	Zip Code 71201	Transaction ID : 57010220-2d94-459d-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div>MM / DD / YYYY</div> <div>001</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>MM / DD / YYYY</div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>	
Mailing Address 300 Evangeline St		Amount <div> <div>Amount</div> <div>3.60</div> </div>	
City Monroe	State LA	Zip Code 71201	Transaction ID : 4956c9aa-1818-4d29-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1630 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 905 Lake Drive		Amount 63.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 3b15b9b0-1fc1-44f4-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 905 Lake Drive		Amount 17.85	
City Shelby	State NC	Zip Code 28152	Transaction ID : 8c7d2ecf-1da6-4bac-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	80.85
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1631 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 09 / 24 / 2014	
Mailing Address 2565 Shire Circle			Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 3ece2e3a-c49c-45f4-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 09 / 25 / 2014	
Mailing Address 1900 Glen West Way			Amount 50.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : e44aef49-283a-42f5-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Dominic Vosloh		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 64568 Hwy 41		Amount <div> <div>Amount</div> <div>25.00</div> </div>	
City Pearl River	State LA	Zip Code 70452	Transaction ID : 04d99fac-03e1-4067-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px; text-align: right;">55.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 200px;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1633 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 6424 Purple Martin Ct		Amount 25.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : b392759f-e859-43f3-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 6424 Purple Martin Ct		Amount 17.67	
City Wilmington	State NC	Zip Code 28411	Transaction ID : a6778437-cbda-49c2-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	42.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1634 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 4967 Dysartville			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 2b87d1d1-b9a5-4f6b-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 4967 Dysartville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : eb4508b0-5f95-4872-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			160.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1635 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 4967 Dysartsville Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7.50</div>		
City Morganton	State NC	Zip Code 28655	Transaction ID : a5fd5954-8ff3-42ea-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1010 S Dogwood Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 98566a1e-5197-4838-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">47.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1636 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 25 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">7.80</div>		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : a9270248-2c7c-4245-9 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 25 / 2014		
Mailing Address 5510 Dogwood Dr			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">30.00</div>		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : c091ca41-56b6-4987-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">37.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 01 / 30 / 2015</div></div>					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1637 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 25 2014 </div> </div>	
Mailing Address 5510 Dogwood Dr		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 16.14 </div> </div>	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 1ce75374-0d00-44df-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 25 2014 </div> </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 25 2014 </div> </div>	
Mailing Address 2134 Tobaccoville Rd		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 30.00 </div> </div>	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 17b66aab-aa1e-4807-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 25 2014 </div> </div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 46.14 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01
30
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1638 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Victoria A Gray			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 2173 Spokane Rd			Amount 60.00		
City Fayetteville		State NC	Zip Code 28304		Transaction ID : 9f24c527-b4ee-4926-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Victoria A Gray			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 2173 Spokane Rd			Amount 9.00		
City Fayetteville		State NC	Zip Code 28304		Transaction ID : 6823630b-36a7-4f66-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 105 South Dale St		Amount <div> <div>Amount</div> <div>70.00</div> </div>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 0130f09d-4bfa-436b-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>109559.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 105 South Dale St		Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 31d607e0-e196-4dad-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1640 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 106 Hillside St		Amount 62.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 3fa1f2bc-24b5-4b6b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 5827 Brighton Pl		Amount 15.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 1f98ded8-0c64-4548-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1641 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 5827 Brighton Pl		Amount 3.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 4df340e1-407b-4263-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Caleb A Rowan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 14619 Brown Bear Dr P.O. Box 7481		Amount 30.00	
City Little Rock	State AR	Zip Code 72223	Transaction ID : c6bb4b0f-45bf-4f2d-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1642 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 7.50		
City Clemmons	State NC	Zip Code 27012	Transaction ID : d47202a0-01fd-41e4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 3.15		
City Clemmons	State NC	Zip Code 27012	Transaction ID : d3c550ef-3895-4900-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10.65		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1643 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Riley J Randolph			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 1701 N Lewis Ave Apt 10			Amount 20.00		
City State Zip Code Fayetteville AR 72703		Transaction ID : fc64ee06-9675-4700-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Riley J Randolph			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 1701 N Lewis Ave Apt 10			Amount 1.80		
City State Zip Code Fayetteville AR 72703		Transaction ID : cec75087-604d-49ad-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1644 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 50.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 2661bd17-4577-43b5-a Date of Disbursement or Obligation 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 10.20		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 55b85364-ee72-4f80-b Date of Disbursement or Obligation 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1645 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 448 Judson Dr			Amount 40.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : ba8d8e4d-33e0-4433-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 50.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : e2fdd797-945e-4d7d-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			90.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1646 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 25 / 2014</div>		
Mailing Address 7214 Duchamp Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">12.60</div>		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 7354751d-3893-4637-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 25 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Clay A McCreary			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 25 / 2014</div>		
Mailing Address 1762 Orchard Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">30.00</div>		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 4aad2219-f47b-4f8f-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 25 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">42.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 30 / 2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1647 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Clay A McCreary			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 25 / 2014 </div>	
Mailing Address 1762 Orchard Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10.80 </div>	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 962d4101-ad1f-4d1e-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 25 / 2014 </div>	
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Devan J McNeil			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 25 / 2014 </div>	
Mailing Address 2521 Corolla Hills Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15.00 </div>	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 5689eb37-e3bc-4ec4-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 25 / 2014 </div>	
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1648 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Devan J McNeil		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014		
Mailing Address 2521 Corolla Hills Dr		Amount 5.10		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 2c77fb36-28d2-4598-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Amber N Robbins		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014		
Mailing Address 1074 A Cottrell Hill Rd Apt A		Amount 15.00		
City Lenior	State NC	Zip Code 28645	Transaction ID : f1b22a97-05a7-413e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		20.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1649 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mark McNair		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 11 Cooper Lane		Amount 63.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 2b89b160-5df3-471b-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mark McNair		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 11 Cooper Lane		Amount 11.73	
City Conway	State AR	Zip Code 72034	Transaction ID : 80af1605-8ada-4aff-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	74.73
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 28.80	
City Bakersville	State NC	Zip Code 28705	Transaction ID : f9b13120-0e0a-428f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1651 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Aaron L Griffin			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 4830 Westin Park Drive			Amount 25.00		
City Conway		State AR	Zip Code 72034		Transaction ID : 595c09c4-ad63-44c9-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Aaron L Griffin			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 4830 Westin Park Drive			Amount 3.30		
City Conway		State AR	Zip Code 72034		Transaction ID : f1041cc4-8133-4845-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1652 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Tymer D Crawley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 6 Sherwood Dr		Amount 25.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 39216bf9-e1d9-472b-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tymer D Crawley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 6 Sherwood Dr		Amount 3.30		
City Conway	State AR	Zip Code 72034	Transaction ID : 54b3907e-24d3-40ad-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		28.30		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 450 Judson Dr			Amount 3.90		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 3792f149-685d-4ab1-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1654 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 44 Bell Street Ext			Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e6dcd8aa-e296-4385-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 44 Bell Street Ext			Amount 29.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : f4adcba5-0421-4062-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	99.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1655 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Chad E Day			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 168 Emerald Hill			Amount 65.00		
City Forest City	State NC	Zip Code 28043	Transaction ID : c3f14817-34c9-444d-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Chad E Day			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 168 Emerald Hill			Amount 39.15		
City Forest City	State NC	Zip Code 28043	Transaction ID : 0f3b28be-fe60-4f51-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.15		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1656 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 44 Bell St			Amount 70.00		
City State Zip Code Spruce Pine NC 28777		Transaction ID : 65b620fd-e891-43da-b Date of Disbursement or Obligation 09 / 25 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 44 Bell St			Amount 29.10		
City State Zip Code Spruce Pine NC 28777		Transaction ID : 0cba78ff-38e5-43c1-9 Date of Disbursement or Obligation 09 / 25 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1410 Bushville Dr		Amount 6.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : e7b24eaf-6af1-4ae0-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1658 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Royce W Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount 30.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 6d575612-51dd-4426-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Royce W Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 317 Farris Rd Apt 1			Amount 4.50		
City Conway	State AR	Zip Code 72034	Transaction ID : 06c3c137-152b-47e6-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1659 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
Mailing Address 2506 Bolch Street		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e72620aa-8f71-4282-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
Mailing Address 2506 Bolch Street		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
City Shreveport	State LA	Zip Code 71104	Transaction ID : de4cac6b-a545-4452-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1660 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 600 W Vine Ave		Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 828b0600-7037-41db-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 600 W Vine Ave		Amount 22.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : a717ff73-4a19-48bd-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1661 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 407 randall Dr			Amount 45.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 3ef674bf-e3f8-45e7-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport		State LA	Zip Code 71119		Transaction ID : 0562969f-c26d-49a6-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1662 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 205 Medallion Circle			Amount 49.50		
City Shreveport	State LA	Zip Code 71119	Transaction ID : a3e427ca-5478-49ca-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 101 Asbury Ct			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 9880d28c-c85c-45bc-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			129.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Pamela Hooper		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 502 N Oak St		Amount <div> <div>Amount</div> <div>3.30</div> </div>	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 47583b29-2be5-45c8-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>292434.22</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	15.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 502 N Oak St		Amount 11.70	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 02b9b426-21dd-413a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1665 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Floyd W Ferren			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 909 Holmes Rd Apt 143			Amount 40.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 6a055b01-476b-4d1c-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 25.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : b63e0f74-d0c9-452c-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1666 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 11.10		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 4f17a4d9-7a56-4b8b-8 Date of Disbursement or Obligation 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 9425 Jessica Drive			Amount 32.50		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 02479f29-f60f-45f4-b Date of Disbursement or Obligation 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1667 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>	
Mailing Address 9425 Jessica Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.20</div>	
City Shreveport	State LA	Zip Code 71106	Transaction ID : bf17d8fb-cadf-4494-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>	
Mailing Address 924 N. Prieur St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City New Orleans	State LA	Zip Code 70116	Transaction ID : d1d9e852-2f6e-4fd5-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">87.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1668 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 924 N. Prieur St			Amount 9.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : cf08f66b-e29f-432d-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 42.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 98759e62-064b-4583-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 3.18	
City Conway	State AR	Zip Code 72034	Transaction ID : 882af7f8-9f18-484c-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 543 S 2nd St		Amount 60.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : e0af4005-78f5-4225-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.18
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1670 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 543 S 2nd St			Amount 9.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 2028cfe6-71b6-4f52-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 3300 Asher Ave			Amount 70.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 33eb3257-ead9-4f73-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1671 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address 3300 Asher Ave		Amount 21.90	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 4ceced14-fc5a-444e-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 7e2eb22e-09a7-4fcc-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		101.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 14.16	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 4003a7e9-7a29-47e3-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 10112 Piney Creek Ct		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Charolette	State NC	Zip Code 28215	Transaction ID : 3c6aba21-5f5c-4e79-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.16
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1673 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 25.50		
City Charolette		State NC	Zip Code 28215		Transaction ID : 7f663c5c-64ce-475c-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 20.00		
City Wilmington		State NC	Zip Code 28411		Transaction ID : 1830bb47-33ff-46fb-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1674 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 7.65		
City Wilmington		State NC	Zip Code 28411		Transaction ID : a6cfc659-63dc-47d5-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 220 Doucet Rd			Amount 30.00		
City Lafayette		State LA	Zip Code 70503		Transaction ID : 3f2c1583-559a-49c9-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.65		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1675 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address 220 Doucet Rd			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 4.71		
City Lafayette	State LA	Zip Code 70503	Transaction ID : be8b5c53-928c-4d78-a Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lynn M Jacuzzi			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address 4715 Sugar Maple Ln			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 22.50		
City Little Rock	State AR	Zip Code 72212	Transaction ID : 98555cef-937f-42a3-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 27.21		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1676 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lynn M Jacuzzi			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 4715 Sugar Maple Ln			Amount 3.60		
City Little Rock	State AR	Zip Code 72212	Transaction ID : 4e835b5b-5cc5-4da4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 301 N Clinic Apt 3			Amount 30.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : d9831ce4-6ea6-4b54-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Lindsey E Helms		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 301 N Clinic Apt 3		Amount 9.00	
City	State	Zip Code	Transaction ID : 638f851b-3199-4d17-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Mr. Mark L Pryor		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Natalie M Foutch		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1057 Waldron Road		Amount 13.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 651aacff-9583-4c4c-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	22.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 5cc0ab6e-f55b-46a8-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: -20px;">130.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1679 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 14.34		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 8fe46fc1-a30c-447f-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 1700 E Part Ave			Amount 33.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 80da41e9-6b52-4731-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.34		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1680 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>		
Mailing Address 1700 E Part Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25.71</div>		
City Searcy	State AR	Zip Code 72149	Transaction ID : 6f18510f-3ad9-480e-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>		
Mailing Address 110 W Pecan St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6f6b7d5c-5eee-4651-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">80.71</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1681 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 110 W Pecan St			Amount 22.80		
City State Zip Code Ville Platte LA 70586		Transaction ID : a972ea96-8f1b-4305-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 100.00		
City State Zip Code Conway AR 72032		Transaction ID : e428d944-a319-4eb6-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			122.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 10.50	
City Conway	State AR	Zip Code 72032	Transaction ID : 37dfe06e-0eab-4144-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Sandra H Wagner		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 5828 Rena Road		Amount <div> <div>105.00</div> </div>	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 52c31ef1-b6ec-4260-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1104 1650 1364 1656"> <tr><td>115.50</td></tr> </table>	115.50
115.50		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1104 1656 1364 1661"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1104 1661 1364 1669"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1683 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sandra H Wagner		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 25 / 2014 </div>	
Mailing Address 5828 Rena Road		Amount <div style="border: 1px solid black; padding: 2px;"> 13.80 </div>	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : ba268e34-5dfe-4cf4-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 25 / 2014 </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 1095959.94 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 25 / 2014 </div>	
Mailing Address 1430 Sunnyside Rd		Amount <div style="border: 1px solid black; padding: 2px;"> 80.00 </div>	
City Alma	State AR	Zip Code 72921	Transaction ID : 87934721-dd68-45c2-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 25 / 2014 </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> 292434.22 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 93.80 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 93.80 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1684 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014
Mailing Address 1430 Sunnyside Rd		Amount 10.80
City Alma	State AR	Zip Code 72921
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : fd0abb5c-fd3b-4d4a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014
Mailing Address 2565 Shire Circle		Amount 20.00
City Harrisonburg	State VA	Zip Code 22801
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 296a9cab-41a6-4ccd-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1685 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 629 Radiance Ave			Amount 80.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : 33781645-fa27-4630-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 629 Radiance Ave			Amount 6.30		
City Metairie		State LA	Zip Code 70001		Transaction ID : 686ca2cb-1494-412b-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1686 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 20.00		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 30a0b3ab-e991-48a0-9 Date of Disbursement or Obligation 09 / 25 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 5.40		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 9ab4c6a1-6321-47c8-a Date of Disbursement or Obligation 09 / 25 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1687 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 250 JS Brewton rd			Amount 50.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : ef5f996d-6ed0-4592-b Date of Disbursement or Obligation 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 250 JS Brewton rd			Amount 2.70		
City goldonna	State LA	Zip Code 71031	Transaction ID : acf84678-fc31-4c19-8 Date of Disbursement or Obligation 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1688 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 3 Girard St		Amount 50.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : d13d21da-af40-4cb0-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 3 Girard St		Amount 7.20	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 5de7c34e-d1db-4da5-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1689 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 3 Girard		Amount 50.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 19b07636-866d-4ee5-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 3 Girard		Amount 13.50	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : e1e07319-a2a7-4092-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 307 Farris Rd Apt 1		Amount 3.90	
City Conway	State AR	Zip Code 72034	Transaction ID : f1d91b3c-06ce-4110-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1691 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Hope Benner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 2073 A Clover Ave			Amount 20.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : 3a4766d1-f750-4237-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Hope Benner			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 2073 A Clover Ave			Amount 1.50	
City Springdale	State AR	Zip Code 72764	Transaction ID : ca723c75-4317-4b51-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1692 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 300 Evangeline St			Amount 55.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : a6d3f0ce-fb06-4381-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 300 Evangeline St			Amount 6.60	
City Monroe	State LA	Zip Code 71201	Transaction ID : cfdbb87d-cd91-40e5-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1693 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 25 / 2014 </div>	
Mailing Address 3110 Brentwood Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 35.00 </div>	
City Raleigh	State NC	Zip Code 27604	Transaction ID : c3e6dedb-e12a-4ff1-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 25 / 2014 </div>
Purpose of Expenditure Salary	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 001 </div>		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 1095959.94 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 25 / 2014 </div>	
Mailing Address 3110 Brentwood Rd		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 13.20 </div>	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5905fbf8-a6eb-46da-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 09 / 25 / 2014 </div>
Purpose of Expenditure Mileage	Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 002 </div>		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 1095959.94 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 48.20 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 48.20 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1694 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 45.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : 4b86f620-4f08-4a7a-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 4.50	
City Monroe	State LA	Zip Code 71212	Transaction ID : 362d44c0-c727-4112-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1695 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 55.00		
City Gonzales		State LA	Zip Code 70737		Transaction ID : cc7f90f6-b8f3-412b-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 554635.78					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 10.50		
City Gonzales		State LA	Zip Code 70737		Transaction ID : fd5da6a6-e349-4e7e-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 554635.78					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1696 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 6412 Osage Dr			Amount 20.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : a7d7f790-e72b-446f-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 6412 Osage Dr			Amount 9.84		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 2327ae06-7865-45c3-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.84		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1110 N Coolidge		Amount 10.74	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 27952a43-0f82-4080-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.24
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1698 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1434 South Avenue			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">65.00</div>		
City Eden	State NC	Zip Code 27288	Transaction ID : 69e634cd-ede5-47d0-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1434 South Avenue			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15.00</div>		
City Eden	State NC	Zip Code 27288	Transaction ID : 1dca92cb-7416-43e9-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">25</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1699 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 7ae5f4e3-e145-4e26-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brittnie W Campbell			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 5828 Rena Road			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Hamptonville		State NC	Zip Code 27020		Transaction ID : 677bd22a-d977-45ba-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1700 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M M D D D Y Y Y Y Y Y </div> </div>	

Full Name of Payee Brittnie W Campbell		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 25 2014 </div> </div>	
Mailing Address 5828 Rena Road		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 5.40 </div> </div>	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 9b29f809-f41c-4468-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 25 2014 </div> </div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 1095959.94 </div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 25 2014 </div> </div>	
Mailing Address 1419 S Highbush Ave		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 25.00 </div> </div>	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : f71fabcb-1023-42f9-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 09 25 2014 </div> </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 292434.22 </div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 30.40 </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

01
30
2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1701 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>	
Mailing Address 1419 S Highbush Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8.40</div>	
City State Zip Code Fayetteville AR 72701	Transaction ID : 99fece3b-a469-4a4e-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			

Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>	
Mailing Address 111 Westchester Blvd Apt D4		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">43.00</div>	
City State Zip Code Slidell LA 70458	Transaction ID : e90e54b1-62e1-43dc-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">51.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address P.O. Box 712		Amount <div> <div>Amount</div> <div>28.50</div> </div>	
City Alexander	State AR	Zip Code 72002	Transaction ID : d2af7860-6a38-45bf-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	108.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1703 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">32.30</div>		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 1a3fb7b0-dd2a-4eb4-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Clarissa Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address HU 10233 915 E Mancet Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 6d0a8c98-4077-4c5b-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">82.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1704 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Clarissa Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address HU 10233 915 E Mancet Ave			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">31.50</div>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 6c372e46-db93-4574-9
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px;"></div> 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address 272 Westgate Ct Apt 6			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">33.00</div>		
City Lexington		State NC	Zip Code 27295		Transaction ID : f5c3fc75-5735-4438-a
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">25</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px;"></div> 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">64.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1705 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>	
Mailing Address 200 Carawood Lane		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">63.00</div>	
City Lexington	State NC	Zip Code 27295	Transaction ID : d91117b2-3666-47b8-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>	
Mailing Address 200 Carawood Lane		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.20</div>	
City Lexington	State NC	Zip Code 27295	Transaction ID : efe72855-137b-451b-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 25 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">88.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1706 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 09 / 25 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 60.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : b148374e-a4a4-45c0-b Date of Disbursement or Obligation 09 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 09 / 25 / 2014	
Mailing Address 905 Lake Drive			Amount 60.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 6e19bdc9-8e06-4415-8 Date of Disbursement or Obligation 09 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1707 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 905 Lake Drive			Amount 19.35		
City Shelby	State NC	Zip Code 28152	Transaction ID : eaeb95f6-a719-4f7a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 70.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : ea6faa4d-d6f6-4a78-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.35		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1708 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 147 Possum Trot Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">23.70</div>		
City Bakersville		State NC	Zip Code 28705		Transaction ID : 7f3769d5-1086-4cb3-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 1900 Glen West Way			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">60.00</div>		
City Fort Smith		State AR	Zip Code 72916		Transaction ID : 0b9cfd32-d394-4b5f-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">83.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1709 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 1900 Glen West Way			Amount 6.60		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 6080e955-57f9-4dca-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 45.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : eb9e70f9-4754-4e0f-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 45.00	
City	State	Zip Code	Transaction ID : 9fe2eb68-2af7-4157-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 202 East Park Ave Apt 40		Amount <div> <div>Amount</div> <div>19.71</div> </div>	
City	State	Zip Code	Transaction ID : b5cbe861-1611-4b2c-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		<div> <div>Amount</div> <div>292434.22</div> </div>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.71
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1711 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 39.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : e341e864-4b15-4486-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 10.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : cda7fbef-0f72-4e84-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		49.50	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 30.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 34de269a-c040-41df-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">110.00</div> <div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border-top: 1px solid black; height: 10px; width: 100%;"></div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1713 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014
Mailing Address 404 Chancery Park Ct		Amount 4.50
City Kernersville	State NC	Zip Code 27284
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 084013c2-fb22-4ef7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014
Mailing Address 100 ASBURY CT		Amount 75.00
City WINCHESTER	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 83ffa9b5-7c41-41e5-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	79.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 76bfa30a-465c-41d8-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1652 1360 1659"> <tr><td data-bbox="1101 1652 1360 1659">160.00</td></tr> </table>	160.00
160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1101 1659 1360 1663"> <tr><td data-bbox="1101 1659 1360 1663"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1663 1360 1671"> <tr><td data-bbox="1101 1663 1360 1671"></td></tr> </table>	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1715 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : 0e8ef0ae-4568-436b-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : c503ba03-c9ef-4470-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">160.00</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
(c) TOTAL Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 2121 Daniel Dr		Amount 36.06	
City	State	Zip Code	Transaction ID : 2f4eab7b-d786-4088-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	76.06
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1717 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 804 Roundabout Circle		Amount 100.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 447c1b08-066d-4203-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 1025 Cayley Ct		Amount 62.50		
City High Point	State NC	Zip Code 27260	Transaction ID : 93a26eac-9518-4d81-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		162.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 2121 Daniel Dr		Amount 100.00	
City	State	Zip Code	Transaction ID : 1d7efd84-2bc7-41fb-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	116.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1719 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 2121 Daniel Dr			Amount 99.99 89.82		
City Searcy	State AR	Zip Code 72143	Transaction ID : c7bdf250-93be-4e48-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		99.99 292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 1025 Cayley Ct			Amount 99.99 110.00		
City High Point	State NC	Zip Code 27260	Transaction ID : f71ec5e7-87de-4272-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		99.99 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.99 199.82		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99.99		
(c) TOTAL Independent Expenditures..... ▶			99.99		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 4902 Catawba Dr			Amount 110.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 08340952-bf9f-4ad5-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	131.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1721 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 4902 Catawba Dr		Amount 19.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 0033ae43-c821-48ef-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 7 Bards Lane		Amount 95.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 0e7d94e8-e3e7-4150-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	114.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 1410 Bushville drive		Amount <div> <div>Amount</div> <div>100.00</div> </div>	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 899e4cdb-14a9-414b-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1723 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 915 E Market Ave			Amount 45.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 2a8fc026-df3f-4704-b Date of Disbursement or Obligation 09 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 915 E Market Ave			Amount 14.70		
City Searcy	State AR	Zip Code 72149	Transaction ID : 95b5681a-4de5-46ef-b Date of Disbursement or Obligation 09 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 7151 Mullins Drive		Amount 90.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 7d6585fe-41bd-4287-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

Full Name of Payee Marysol Netro		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 312 S Gunter St		Amount <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
City Siloam Springs	State AR	Zip Code 72761	<div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	<div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	<div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1726 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 312 S Gunter St			Amount 1.50		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : df4ce5aa-d8de-4806-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination 09 / 25 / 2014		
Mailing Address 1208 Braeburn Rd			Amount 80.00		
City Charlotte	State NC	Zip Code 28211	Transaction ID : 555bdc13-cd02-455a-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1727 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 1208 Braeburn Rd			Amount 6.90		
City Charlotte		State NC	Zip Code 28211		Transaction ID : 2586ad6f-34dd-4ab2-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 2319 West Oak			Amount 20.00		
City El Dorado		State AR	Zip Code 71730		Transaction ID : f011d4c0-855c-4c20-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1728 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014	
Mailing Address 2319 West Oak		Amount 3.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : bf087736-cbce-4eb7-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	
Mailing Address 2183 Spokane Rd		Amount 60.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 59b867b6-dbd1-4139-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1729 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination 09 / 26 / 2014	
Mailing Address 2183 Spokane Rd			Amount 10.50	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 7be90d46-b670-467c-9 Date of Disbursement or Obligation 09 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination 09 / 26 / 2014	
Mailing Address 6108 Harkins Ave			Amount 40.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 477d9bee-8309-4b5c-a Date of Disbursement or Obligation 09 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			50.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1730 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 6108 Harkins Ave			Amount 15.90		
City Little Rock		State AR	Zip Code 72210		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : c15b1c41-11e1-4d33-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tymer D Crawley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014		
Mailing Address 6 Sherwood Dr			Amount 25.00		
City Conway		State AR	Zip Code 72034		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 2dc271f3-a4ab-4fdc-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1731 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Tymber D Crawley			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 6 Sherwood Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3.30</div>		
City Conway		State AR	Zip Code 72034		Transaction ID : 95be0d04-6cdf-482a-b
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 4967 Dysartville			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">80.00</div>		
City Morganton		State NC	Zip Code 28655		Transaction ID : fe9b10a2-976a-4ab3-8
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">83.30</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1732 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 80.00		
City Morganton		State NC	Zip Code 28655		Transaction ID : a8b68a18-0cc8-4143-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 7.50		
City Morganton		State NC	Zip Code 28655		Transaction ID : dd4b000a-6d8b-4efd-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1733 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 09 / 26 / 2014	
Mailing Address 205 Medallion Circle			Amount 30.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 07749221-63f5-4eda-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 09 / 26 / 2014	
Mailing Address 205 Medallion Circle			Amount 30.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : b6c0e348-7149-4325-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1734 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 29.20		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : f76d2af2-2d88-4af6-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 5.73		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 6c88786b-345f-4a8e-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.93		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1735 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Chad E Day			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 168 Emerald Hill			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">75.00</div>		
City Forest City		State NC	Zip Code 28043		Transaction ID : b9c61f76-e560-4553-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee i360, LCC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address PO Box 37046			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1044.37</div>		
City Baltimore		State MD	Zip Code 21297		Transaction ID : c66b59b9-708f-421d-b
Purpose of Expenditure Phonebanking expense		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1119.37</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1736 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee i360, LCC			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address PO Box 37046			Amount 1044.37		
City Baltimore		State MD	Zip Code 21297		Transaction ID : b86af665-d8bb-4c93-8
Purpose of Expenditure Phonebanking expense		Category/Type 004	Date of Disbursement or Obligation 09 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee i360, LCC			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address PO Box 37046			Amount 1044.37		
City Baltimore		State MD	Zip Code 21297		Transaction ID : 80495a81-d5ce-414f-9
Purpose of Expenditure Phonebanking expense		Category/Type 004	Date of Disbursement or Obligation 09 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2088.74		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1737 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 29.20		
City Rural Hall		State NC	Zip Code 27045		Transaction ID : ebad7125-bd4c-4220-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee i360, LCC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address PO Box 37046			Amount 1500.00		
City Baltimore		State MD	Zip Code 21297		Transaction ID : bc2a5493-098a-482a-a
Purpose of Expenditure Phonebanking expense		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1529.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1738 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee i360, LCC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address PO Box 37046			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div>		
City Baltimore		State MD	Zip Code 21297		Transaction ID : 9a022b1a-bf4e-499f-8
Purpose of Expenditure Phonebanking expense		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee i360, LCC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address PO Box 37046			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div>		
City Baltimore		State MD	Zip Code 21297		Transaction ID : 5c2e88ca-cd5f-4b09-a
Purpose of Expenditure Phonebanking expense		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1739 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 106 Hillside St			Amount 62.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 3612878f-23a7-452c-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 106 Hillside St			Amount 40.71	
City Spindale	State NC	Zip Code 28160	Transaction ID : 46ae8160-b364-4fce-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.21	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1740 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 </div>	
Mailing Address 160 #50 Pompano Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 52.50 </div>	
City New Bern	State NC	Zip Code 28560	Transaction ID : 4ca2971f-c682-4c3f-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 </div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1095959.94 </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 </div>	
Mailing Address 160 #50 Pompano Dr		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 10.74 </div>	
City New Bern	State NC	Zip Code 28560	Transaction ID : 74d62ecc-870d-4d87-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014 </div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> 1095959.94 </div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">63.24</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1741 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 2565 Shire Circle		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 1c83d476-166c-473b-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 50.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 6c163a77-2daf-4f7f-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1742 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 4.38		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 8049a429-6fa2-4085-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Aaron L Griffin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 4830 Westin Park Drive			Amount 40.00		
City Conway	State AR	Zip Code 72034	Transaction ID : b32b7143-58a3-4f07-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.38		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1743 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Aaron L Griffin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 4830 Westin Park Drive			Amount 12.30		
City Conway	State AR	Zip Code 72034	Transaction ID : 9d9ebd8b-15de-4683-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James A Sears			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 305 Averroe Dr			Amount 30.00		
City Apex	State NC	Zip Code 27502	Transaction ID : e8f1f0d8-22d6-478e-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1744 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 15.00		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : b6060129-49ff-4e53-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 30.00		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : fd2c16cc-1321-452b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 3.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 3ff1d425-0f69-42b0-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 30.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 881248eb-849e-4c55-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1746 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 7.80		
City Lexington	State NC	Zip Code 27295	Transaction ID : df577ee7-de98-49d5-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 200 Carawood Lane			Amount 50.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : 5a7c99f3-9dca-43f9-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1747 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 200 Carawood Lane			Amount 7.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : e21e7b11-5c37-4319-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 25.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 9683246e-f1a4-4997-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 5003 Allison Lane		Amount 30.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 89283806-c370-4aca-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		34.80
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1749 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 5003 Allison Lane			Amount 6.90		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : a93c0361-351f-4a7e-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Vanessa E Ecuyer			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 12.50		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : f3095ddc-4287-4840-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1750 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Mailing Address 3738 Woodland Ridge Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.50</div>		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 54ab94dd-a165-40c7-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Mailing Address 3738 Woodland Ridge Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12.50</div>		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 417fc1d9-5251-4352-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">25.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>	
Mailing Address 4691 Hercules Lane		Amount <div> <div>Amount</div> <div>35.00</div> </div>	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 69eed20a-8f43-4e5b-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div> <div>Amount</div> <div>1095959.94</div> </div>		District: 00 State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1752 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 211 Dixie Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">10.00</div>		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 11fb2ebc-402d-4370-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Samantha M Dowell			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 8450 Mount Valley Lane Apt 204			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">23.00</div>		
City Raleigh		State NC	Zip Code 27613		Transaction ID : 07ce137e-d562-4da1-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">33.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
(c) TOTAL Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1753 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Samantha M Dowell			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 8450 Mount Valley Lane Apt 204			Amount 2.40		
City Raleigh		State NC	Zip Code 27613		Transaction ID : 169330b4-0d83-4ca4-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Victoria A Gray			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 2173 Spokane Rd			Amount 52.50		
City Fayetteville		State NC	Zip Code 28304		Transaction ID : 8945c038-3fad-4fb6-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1754 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Victoria A Gray			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 2173 Spokane Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6.00</div>		
City Fayetteville		State NC	Zip Code 28304		Transaction ID : 38852861-8e06-498e-b
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 6424 Purple Martin Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>		
City Wilmington		State NC	Zip Code 28411		Transaction ID : 4a25ad90-c30c-4999-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">51.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1755 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">26</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 6424 Purple Martin Ct			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6.51</div>		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 85567be9-97fb-4847-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">26</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">26</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 3 Girard			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">70.00</div>		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 05d4c8f9-59a3-4d80-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">26</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">76.51</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1756 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 3 Girard			Amount 3.60		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 799e09e7-fca3-444b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 600 W Vine Ave			Amount 45.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : eee6bcfc-8d85-46a7-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1757 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 600 W Vine Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.50</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 416683d1-1334-4988-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 102 S Main Street Apt A2			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>		
City Berryville		State VA	Zip Code 22611		Transaction ID : be9339cf-58d7-409e-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">57.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1758 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 60.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 2db4ba0d-96be-428c-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 12.60		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 88287ee8-746f-4fac-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1759 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 6610 Walcott Rd			Amount 45.00		
City Paragoud	State AR	Zip Code 72450	Transaction ID : 2543d904-5867-4d2e-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 6610 Walcott Rd			Amount 10.80		
City Paragoud	State AR	Zip Code 72450	Transaction ID : db913943-8b2d-4863-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 112 apache Dr			Amount 10.80		
City	State	Zip Code	Transaction ID : f14b0aef-ee92-41a6-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Search	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1761 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Mailing Address 4902 Catawba Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52.50</div>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : f314489c-87bd-4605-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Mailing Address 4902 Catawba Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.80</div>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1f878140-9623-4c25-b Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 26 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">69.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"> <div style="text-align: right;">110.00</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;"></div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1763 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 13.20		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2143b35e-f0c6-46ba-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 907 Randall Drive			Amount 35.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 4e359527-a69e-46d4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 55.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2e16e41d-5180-4bdc-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	74.80
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1765 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 7.26		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 0e27fd59-f132-4d06-b Date of Disbursement or Obligation 09 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 502 N Oak St			Amount 22.50		
City Little Rock	State AR	Zip Code 72205	Transaction ID : f83388c2-f52b-4e34-a Date of Disbursement or Obligation 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.76		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 502 N Oak St		Amount 9.30	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 403355e6-c77e-42f6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Pamela Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 502 N Oak St		Amount 12.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : c0005177-c0c3-4eb2-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 9425 Jessica Drive		Amount 52.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 614a3e5a-ee9b-49ec-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1768 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 9425 Jessica Drive			Amount 5.40	
City Shreveport	State LA	Zip Code 71106	Transaction ID : e1eb3679-5e90-420d-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 101 Durham Drive			Amount 50.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : aeb57195-5283-4210-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>	
Mailing Address 3205 Pebble Beach Rd		Amount <div> <div>Amount</div> <div>33.00</div> </div>	
City Conway	State AR	Zip Code 72034	Transaction ID : 426e9b89-b6f8-4503-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>43.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1770 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014			
Mailing Address 3205 Pebble Beach Rd		Amount 3.66			
City Conway	State AR	Zip Code 72034	Transaction ID : 557f4e93-9560-4647-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014			
Mailing Address 1430 Sunnyside Rd		Amount 60.00			
City Alma	State AR	Zip Code 72921	Transaction ID : 34ee45b4-84ef-4560-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		63.66			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 80.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : c0934cee-0483-4e42-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1772 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 1691 Fork Mtn Rd			Amount 0000000000 35.70	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 7ac3c1bb-4d1c-411a-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		0000000000 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 44 Bell Street Ext			Amount 0000000000 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 125250b2-53cf-4218-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		0000000000 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0000000000 115.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			0000000000	
(c) TOTAL Independent Expenditures..... ▶			0000000000	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1773 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 44 Bell Street Ext			Amount 33.30		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 33fc55bd-4489-42d0-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 44 Bell St			Amount 80.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : cf49d883-6762-4a09-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1774 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 44 Bell St			Amount 33.30		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 929850e2-ed40-4def-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 307 Farris Rd Apt 1			Amount 40.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 234cd3c3-3566-4069-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1775 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Adam Rock			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 307 Farris Rd Apt 1			Amount 6.60		
City Conway		State AR	Zip Code 72034		Transaction ID : 9c83fbd8-fcc6-4c48-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Vanessa E Ecuyer			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 20.00		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : b44245b7-f948-4080-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1776 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 21.50	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 5db17950-45b5-4785-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 6.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 368bc497-09b7-4bd1-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>	
Mailing Address 3738 Woodland Ridge Blvd		Amount <div> <div>Amount</div> <div>20.00</div> </div>	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 4d094693-8923-45db-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1778 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 4.80		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : b9a9611e-5886-4f31-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 33.30		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 93fe4b80-e9ae-4edd-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 26 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1779 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 5510 Dogwood Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4.86</div>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : de212fbd-d4e3-4209-a
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tabitha M Ecuyer			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>		
Mailing Address 3738 Woodland Ridge Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20.00</div>		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : 7deb2417-06ff-41d5-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">24.86</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1780 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 100.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 37b7a5fd-cd05-4e07-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 13.50	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 2fd032f1-2e6c-4644-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	113.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1781 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 1110 N Coolidge			Amount 55.00		
City Gonzales		State LA	Zip Code 70737		Transaction ID : 766e141c-37ec-4a67-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 1110 N Coolidge			Amount 9.30		
City Gonzales		State LA	Zip Code 70737		Transaction ID : f72ffe2f-4673-44b5-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015 [Electronically Filed]		

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 110 W Pecan St		Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f205a118-39e5-4704-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 110 W Pecan St			Amount 22.50		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c82fb5f3-496e-4a28-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1783 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 60.00		
City Mandeville		State LA	Zip Code 70471		Transaction ID : aaac1fdb-b29d-4b08-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 11.70		
City Mandeville		State LA	Zip Code 70471		Transaction ID : 5498d4b8-084a-4565-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date 01 / 30 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1784 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 33.30		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 637726c2-fc6b-4290-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 20.00		
City Little Rock	State AR	Zip Code 72205	Transaction ID : a25d91ff-6853-4e70-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1785 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 6.00		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 30daa060-1080-401c-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 407 randall Dr			Amount 55.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 3527c451-4232-4495-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1786 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 407 randall Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21.00</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : a48be56b-9c74-4f36-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 2183 Spokane Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.00</div>		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : ba5289af-7396-478d-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">81.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1787 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 2183 Spokane Rd		Amount 7.50	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 66bad747-b915-4d5f-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 629 Radiance Ave		Amount 55.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 2b6bac6b-79ab-4787-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	62.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1788 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 629 Radiance Ave			Amount 5.40		
City Metairie	State LA	Zip Code 70001	Transaction ID : c2c05273-5b06-406d-8 Date of Disbursement or Obligation 09 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 30.00		
City Conway	State AR	Zip Code 72032	Transaction ID : b4f14602-80b5-4da3-a Date of Disbursement or Obligation 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1789 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014
Mailing Address 1254 Fleming St Apt 6		Amount 16.50
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 1b4f99f0-6b44-4cbc-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Sandra L Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014
Mailing Address 1254 Fleming St Apt 6		Amount 30.00
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : c19bca6c-12c0-4059-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	46.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 13.50	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 2b9dc47b-3bb0-416b-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1791 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sandra H Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 5828 Rena Road		Amount 47.50	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : d1ff11ee-84e7-4b05-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Sandra H Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 5828 Rena Road		Amount 7.20	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 8ee6adbd-cc04-4a0b-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	54.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1792 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 35.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 71ed06c4-fd10-4e6a-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 22.02	
City Searcy	State AR	Zip Code 72143	Transaction ID : 6f91dab8-4f25-404b-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		57.02	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>	
Mailing Address 1103 West Wilson Street		Amount <div> <div>20.40</div> </div>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 910864e3-1cdb-4d84-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1794 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination 09 / 26 / 2014	
Mailing Address 2002 E Park Ave Apt 40			Amount 35.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a8a8eda1-fad6-4d95-8 Date of Disbursement or Obligation 09 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 09 / 26 / 2014	
Mailing Address 220 Doucet Rd			Amount 30.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 2c91f66f-6c9b-4b92-8 Date of Disbursement or Obligation 09 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1795 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 220 Doucet Rd			Amount 2.13		
City Lafayette	State LA	Zip Code 70503	Transaction ID : f7f5b6ed-8c78-4ec4-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 5133 Lord Bryon Road			Amount 50.00		
City Wilmington	State NC	Zip Code 28405	Transaction ID : 310d3d17-df1b-4a2c-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.13		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1796 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 5133 Lord Bryon Road			Amount 20.10		
City Wilmington	State NC	Zip Code 28405	Transaction ID : af040b57-f671-47fa-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 282 Falls Ave			Amount 30.00		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : fa44d30e-e612-49de-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>	
Mailing Address 10112 Piney Creek Ct		Amount <div> <div>Amount</div> <div>40.00</div> </div>	
City Charolette	State NC	Zip Code 28215	Transaction ID : d0a1b161-b3ee-4abf-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital display units are shown, each with a 7-segment display. The first unit shows '01' with 'M' indicators above the segments. The second unit shows '30' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. The units are separated by slashes.

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1798 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 21.60	
City Charolette	State NC	Zip Code 28215	Transaction ID : 96b9c597-1ec1-434e-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	
Mailing Address P.O. Box 712		Amount 55.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : c283def8-bb73-4557-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		76.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1799 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address P.O. Box 712			Amount 16.50		
City Alexander		State AR	Zip Code 72002		Transaction ID : afdeade5-ca0d-4bd9-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Caleb A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 2646 N Valencia			Amount 35.00		
City Fayetteville		State AR	Zip Code 72703		Transaction ID : 26b921c7-1249-437d-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1800 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 45.00		
City Monroe		State LA	Zip Code 71212		Transaction ID : 0ef066f5-5817-497d-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 4.20		
City Monroe		State LA	Zip Code 71212		Transaction ID : 6c983795-ad62-4ab3-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1801 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 40.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 031141af-4516-4ad4-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 4.20		
City Marrero	State LA	Zip Code 70072	Transaction ID : 9d78e972-08cc-4618-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1802 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 50.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 775a238f-8a32-4b45-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 12.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : ed872b05-d4a9-402b-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	62.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 51c57b04-c1e7-4467-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1650 1360 1656"> <tr> <td data-bbox="1122 1650 1360 1656">160.00</td></tr> </table>	160.00
160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1122 1656 1360 1661"> <tr> <td data-bbox="1122 1656 1360 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1661 1360 1669"> <tr> <td data-bbox="1122 1661 1360 1669"></td></tr> </table>	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1804 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 26 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">80.00</div>		
City Winchester		State VA	Zip Code 22602		Transaction ID : b05ad72f-8448-4762-8
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 001		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 26 / 2014		
Mailing Address 100 ASBURY CT			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">70.00</div>		
City WINCHESTER		State VA	Zip Code 22602		Transaction ID : 91118db6-68f4-4803-8
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px;"></div> 001		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">150.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1805 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 312 S Gunter St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">40.00</div>		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : b7e4dd2b-3b2b-4667-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 312 S Gunter St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1.50</div>		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : f79bf5e7-61ed-40f0-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">41.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 905 Lake Drive		Amount 17.10	
City Shelby	State NC	Zip Code 28152	Transaction ID : 5cd743e0-4beb-4149-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1807 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75.00</div>	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Salary			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 26 / 2014</div>	
Mailing Address 100 Asbury Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">155.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1808 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014
Mailing Address 100 Asbury Ct		Amount 80.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 1399cf6c-4b58-4f69-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014
Mailing Address 3007 Darden Rd		Amount 60.00
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 10ab27ce-6b4f-4d88-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 3007 Darden Rd		Amount 60.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : e13cb936-091b-4144-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1810 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 5521 Randolph St.		Amount 20.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 8dc3bba6-66a9-47df-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 5521 Randolph St.		Amount 1.20	
City Marrero	State LA	Zip Code 70072	Transaction ID : ab5081b3-4f02-48b3-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1811 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 110 Maryella Dr			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 43b04e2b-e926-44cb-8 Date of Disbursement or Obligation 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 110 Maryella Dr			Amount 26.40		
City Searcy	State AR	Zip Code 72143	Transaction ID : 6bba680a-fa13-4031-9 Date of Disbursement or Obligation 09 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1812 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 55.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 10e3975a-cab3-48a6-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 51.30	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : e895d604-fa96-4431-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		106.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Alexa S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 90.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 8c0825e3-5ec4-44a9-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		145.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1814 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee James Tatro		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 1208 Braeburn Rd		Amount 80.00		
City Charlotte	State NC	Zip Code 28211	Transaction ID : 1a469aeb-70d4-4631-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James Tatro		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 1208 Braeburn Rd		Amount 5.70		
City Charlotte	State NC	Zip Code 28211	Transaction ID : 8664ecfa-ef12-4aa9-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		85.70		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1815 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee James E Dacus			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 117 Cynthia Ave			Amount 90.00		
City State Zip Code Farmington AR 72730		Transaction ID : 63bb2bc9-35b5-4b20-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 10.00		
City State Zip Code Sterling VA 20165		Transaction ID : 43189ddd-8996-41be-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address 506 N Horton Street		Amount <div> <div>MM / DD / YYYY</div> <div>40.00</div> </div>	
City	State	Zip Code	Transaction ID : 9f199d88-d0ee-4498-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2014</div> </div>
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>292434.22</div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 506 N Horton Street		Amount 30.30	
City	State	Zip Code	Transaction ID : c84e8b39-d5c5-4496-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <div style="position: absolute; right: 10px; top: -10px;">70.30</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <!-- Empty box --> </div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> <!-- Empty box --> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 1900 Glen West Way		Amount 19.20	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : f2778a05-8f6a-4647-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	89.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address 4967 Dysartsville Rd		Amount <div> <div>MM / DD / YYYY</div> <div>80.00</div> </div>	
City Morganton	State NC	Zip Code 28655	Transaction ID : 99d82815-0390-497a-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 22.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : af829b2c-d1c7-4ef9-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1820 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 22.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 07c395ed-16fc-4ada-a Date of Disbursement or Obligation 09 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 1.20	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 3f9781e9-5ca9-4f7a-a Date of Disbursement or Obligation 09 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1821 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Vanessa E Ecuyer			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 22.50		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 3da287d5-372c-458e-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 404 Chancery Park Ct			Amount 65.00		
City Kernersville	State NC	Zip Code 27284	Transaction ID : 5a196663-afd4-415d-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			87.50		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address 101 Durham Drive		Amount <div> <div>10.00</div> </div>	
City Lafayette	State LA	Zip Code 70508	Transaction ID : dc04b40a-ef24-492b-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	19.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address 2150 Hope St		Amount <div> <div>0.90</div> </div>	
City New Orleans	State LA	Zip Code 70119	Transaction ID : facd9404-62ed-4116-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	<div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1824 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 55.00		
City Bogalusa		State LA	Zip Code 70427		Transaction ID : 62f8fe99-7ab9-421d-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 13.80		
City Bogalusa		State LA	Zip Code 70427		Transaction ID : 20433257-da67-45f4-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1825 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tim A Bachot		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014		
Mailing Address 1500 Martens Dr Apt B		Amount 40.00		
City Hammond	State LA	Zip Code 70401	Transaction ID : dc7642ea-090f-49bc-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tim A Bachot		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014		
Mailing Address 1500 Martens Dr Apt B		Amount 18.60		
City Hammond	State LA	Zip Code 70401	Transaction ID : 4a3f2056-505c-4c71-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		58.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Mary Frank		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address 14 Ramblewood Drive		Amount <div> <div></div> <div>25.00</div> </div>	
City Covington	State LA	Zip Code 70435	Transaction ID : a7910531-84a3-4242-a Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 27 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>554635.78</div> </div>		District: 00 State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1827 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary Frank			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 14 Ramblewood Drive			Amount 1.65		
City Covington	State LA	Zip Code 70435	Transaction ID : e0e1dc1d-9b57-4a4b-8 Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tolicia J Colbert			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 49 Sharon Circle			Amount 10.00		
City Greenbrier	State AR	Zip Code 72058	Transaction ID : e435ebd2-0a73-496d-b Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.65		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Tolicia J Colbert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 49 Sharon Circle		Amount 0.90	
City Greenbrier	State AR	Zip Code 72058	Transaction ID : 1240131b-d7fd-495c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 3 Girard St		Amount 50.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 5233a80d-7827-486f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '01' with 'M' indicators above the segments. The second unit shows '30' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. The units are separated by slashes.

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 3 Girard		Amount 55.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 0d41fc71-761d-43a4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1830 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 3 Girard			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2.40</div>		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : de737f80-a32a-407f-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 12920 Kneeland Ln			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">70.00</div>		
City Neosho		State MO	Zip Code 64850		Transaction ID : 22a2faaa-e1f8-4efb-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">72.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div></div></div>					

Full Name of Payee Lindsey N Rose		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address 615 Live Oak Dr		Amount <div> <div>MM / DD / YYYY</div> <div>80.00</div> </div>	
City searcy	State AR	Zip Code 72143	Transaction ID : f17fe5ca-1326-4030-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>125.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 180 McNeil Steep Hollow Rd			Amount 40.00		
City	State	Zip Code	Transaction ID : a93709ba-1531-4b7d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Carrier	MS	39426			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate		<input type="checkbox"/> Support	Office Sought: <input type="checkbox"/> House District: 00		
Ms. Mary L Landrieu		<input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 29.10	
City Carriere	State MS	Zip Code 39426	Transaction ID : 1f6b6a2e-2d37-4bd1-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address 55 Lovell Johnson Rd		Amount <div> <div></div> <div>15.60</div> </div>	
City Picayune	State MS	Zip Code 39466	Transaction ID : cb65e6e1-9e1c-4939-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Other (specify) ▶	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1834 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY				
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 22.50	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : b00257d9-6c7c-4f60-a Date of Disbursement or Obligation 09 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address 2565 Shire Circle			Amount 30.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 17c91e2d-e18c-4c64-a Date of Disbursement or Obligation 09 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			52.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1835 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 301 N Clinic Apt 3			Amount 80.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : f86fe89d-0c73-47cc-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 301 N Clinic Apt 3			Amount 39.30		
City Searcy	State AR	Zip Code 72143	Transaction ID : f0ddb93d-ce0d-4ab8-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			119.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1836 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 5133 Lord Bryon Road			Amount 35.00		
City Wilmington		State NC	Zip Code 28405		Transaction ID : b55abe32-0082-46e9-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tracy M Hargett			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 5133 Lord Bryon Road			Amount 14.40		
City Wilmington		State NC	Zip Code 28405		Transaction ID : 6c48f55b-881d-4622-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1837 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 22.50	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 730b847f-4c46-4b5f-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 5.10	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 47c6ea57-80fe-4c3a-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1838 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Clarissa Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address HU 10233 915 E Mancet Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Searcy		State AR	Zip Code 72149		Transaction ID : 42b3d875-e549-4e2f-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Clarissa Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address HU 10233 915 E Mancet Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28.50</div>		
City Searcy		State AR	Zip Code 72149		Transaction ID : d40c7d66-04cc-4674-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">78.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1839 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 995 Clairborne Rd			Amount 50.00		
City Calhoun	State LA	Zip Code 71225	Transaction ID : f9b0cb82-6d7f-4325-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 995 Clairborne Rd			Amount 15.30		
City Calhoun	State LA	Zip Code 71225	Transaction ID : ac18574f-bfe3-4243-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1840 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee Susan K Hamby		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>	
Mailing Address 202 Violet St		Amount <div style="border: 1px solid black; padding: 2px;">75.00</div>	
City West Monroe	State LA	Zip Code 71292	Transaction ID : a69cabb2-0719-4a21-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Susan K Hamby		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>	
Mailing Address 202 Violet St		Amount <div style="border: 1px solid black; padding: 2px;">5.40</div>	
City West Monroe	State LA	Zip Code 71292	Transaction ID : ec385d50-2400-49cd-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">80.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

01

 /

30

 /

2015

Signature

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : c199ec63-ff1a-41a3-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address 1434 South Avenue		Amount <div> <div></div> <div>19.20</div> </div>	
City Eden	State NC	Zip Code 27288	Transaction ID : 7c9386f7-d11f-4528-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type	<div>002</div>
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>1095959.94</div> </div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	119.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1842 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address 110 Maryella Dr			Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 7c081c56-1f5b-49b8-9 Date of Disbursement or Obligation 09 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Thomas Dias			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address 110 Maryella Dr			Amount 57.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f144847e-ccfd-497b-8 Date of Disbursement or Obligation 09 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			137.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1843 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 5003 Allison Lane			Amount 55.00		
City State Zip Code Ft. Smith AR 72901		Transaction ID : 311e77dc-63f4-4b2f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 5003 Allison Lane			Amount 1.80		
City State Zip Code Ft. Smith AR 72901		Transaction ID : 9e9bff60-2dbe-4eac-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1844 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Stephanie L Heun		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101		Amount 16.90		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 35038ac1-b0d5-435a-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lynn M Jacuzzi		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014		
Mailing Address 4715 Sugar Maple Ln		Amount 20.00		
City Little Rock	State AR	Zip Code 72212	Transaction ID : 5165c8d3-dfdb-42db-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		36.90		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1845 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lynn M Jacuzzi			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 4715 Sugar Maple Ln			Amount 3.00		
City Little Rock	State AR	Zip Code 72212	Transaction ID : 4639fe4c-e7fe-4632-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 1900 Glen West Way			Amount 55.00		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 84fb80c1-7c72-4bb8-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Anna C Didier		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 710 S College Rd Apt 84		Amount 60.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 2dfce0fe-572a-4e18-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1847 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Anna C Didier			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 710 S College Rd Apt 84			Amount 18.30	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 98a694ae-14e0-4d2c-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 75.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 35962364-2ddd-43b8-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			93.30	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address Box #11543 915 E Market Ave		Amount <div> <div>100.00</div> </div>	
City	State	Zip Code	Transaction ID : f55139fe-b4e7-414f-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 27 / 2014</div> </div>
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292434.22</div> </div>	District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1849 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address Box #11543 915 E Market Ave			Amount 66.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : ae0ddef2-469c-4694-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Natalie M Foutch			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address 1057 Waldron Road			Amount 100.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : e40569e1-81f7-454d-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			166.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Pamela Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 502 N Oak St		Amount 12.30	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 2a7252a3-0f3d-4507-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1851 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 502 N Oak St			Amount 37.50		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 7d9b87d3-b833-428e-a Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sandra C Montalbano			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 4177 Lowerline St			Amount 40.00		
City Slidell	State LA	Zip Code 70461	Transaction ID : 49fedcda-45b5-47a5-8 Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1852 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Sandra C Montalbano			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 4177 Lowerline St			Amount 3.60		
City Slidell	State LA	Zip Code 70461	Transaction ID : dd51c1a0-3967-4bb5-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sandra L Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 30.00		
City Conway	State AR	Zip Code 72032	Transaction ID : f0f5d02b-2532-4ec0-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 30.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 5017aa69-aaf5-49e6-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 292434.22		District: 00 State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 27 / 2014</div> </div>	
Mailing Address 1254 Fleming St Apt 6		Amount <div> <div></div> <div>3.00</div> </div>	
City Conway	State AR	Zip Code 72032	Transaction ID : 1f58a178-047e-4221-a Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 27 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1854 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 1510 Bailey St			Amount 52.50		
City West Monroe		State LA	Zip Code 71292		Transaction ID : 646c1054-4a97-4727-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 1510 Bailey St			Amount 1.59		
City West Monroe		State LA	Zip Code 71292		Transaction ID : 17f720a1-889f-4bea-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.09		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1855 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>		
Mailing Address 4006 Wolkswalk Place			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">33.00</div>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : ddacecf-d-24fe-45a6-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>		
Mailing Address 4006 Wolkswalk Place			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">4.50</div>		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 32b7b115-cb90-41fc-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09 / 27 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">37.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01 / 30 / 2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1856 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Mailing Address PO Box 398			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">90.00</div>	
City Neosho		State MO	Zip Code 64850	
Purpose of Expenditure Salary			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Mailing Address PO Box 398			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">46.80</div>	
City Neosho		State MO	Zip Code 64850	
Purpose of Expenditure Mileage			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">136.80</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1857 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Brittany A Frederick			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 18793 Hilltop Ln			Amount 90.00		
City Nevada		State TX	Zip Code 75173		Transaction ID : 90a0b3d2-fdbf-4303-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 506 N Horton Street			Amount 90.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 77c408ed-93b0-48c7-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			180.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1858 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014		
Mailing Address 506 N Horton Street			Amount 32.40		
City Searcy		State AR	Zip Code 72143		Transaction ID : 1112b581-aff2-4460-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 90.00		
City College Grove		State TN	Zip Code 37046		Transaction ID : 6b57ddb0-08b6-434a-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			122.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1859 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 99999999 32.40		
City College Grove		State TN	Zip Code 37046		Transaction ID : 15293bea-84b2-465e-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 99999999 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 3300 Asher Ave			Amount 99999999 70.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 18bd1219-c036-47fd-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 99999999 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			99999999 102.40		
(b) SUBTOTAL of Unitemized Independent Expenditures▶			99999999		
(c) TOTAL Independent Expenditures.....▶			99999999		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1860 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 3300 Asher Ave		Amount 27.60	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 1f019410-0d1c-4a7c-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 45.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : b973bda2-09cb-40ee-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		72.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1861 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address PO Box 398			Amount 95.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 106e7034-8804-4e25-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee James A Sears			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 305 Averroe Dr			Amount 60.00	
City Apex	State NC	Zip Code 27502	Transaction ID : 47f74c47-6f55-4d44-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			155.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1862 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 200 Carawood Lane			Amount 45.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : cf73635d-5953-4de9-9 Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 200 Carawood Lane			Amount 12.30		
City Lexington	State NC	Zip Code 27295	Transaction ID : 1f3fd295-69c9-4a1f-b Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1863 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Mary R Kirkland			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 504 Green Meadow Dr			Amount 95.00		
City Boyd		State TX	Zip Code 76023		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : cb714132-2a29-45ef-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Mary R Kirkland			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 504 Green Meadow Dr			Amount 43.50		
City Boyd		State TX	Zip Code 76023		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 1a7cd869-0fa2-4646-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			138.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1864 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 915 East Market Ave		Amount 110.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : a39e6177-a65a-4dd5-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 915 East Market Ave		Amount 86.10	
City Searcy	State AR	Zip Code 72149	Transaction ID : b2607eca-a3e4-49be-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	196.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 55.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : 859745cd-cd35-4148-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 5.55	
City Monroe	State LA	Zip Code 71212	Transaction ID : 5c0f5fba-ed71-4f52-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.55
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1866 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 915 East Market Ave			Amount 110.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 01bc3788-86d8-4fcf-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 90.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 4a3a068a-f2d0-4c86-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			200.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1867 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 12.60	
City Conway	State AR	Zip Code 72032	Transaction ID : 2c5da214-25d2-4421-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 55.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : e2c2e6e9-9aeb-4054-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		67.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1868 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 13.80	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 3b6400fb-dc64-46f4-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 629 Radiance Ave		Amount 65.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 47ccbf04-80ea-454b-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	78.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1869 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaichner			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 629 Radiance Ave			Amount 5.40		
City Metairie	State LA	Zip Code 70001	Transaction ID : 01728514-f2fb-471e-b Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address P.O. Box 712			Amount 95.00		
City Alexander	State AR	Zip Code 72002	Transaction ID : 84a63633-cc10-4ee5-b Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1870 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>		
Mailing Address P.O. Box 712			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29.40</div>		
City Alexander	State AR	Zip Code 72002	Transaction ID : bb1df494-2ef1-4496-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>		
Mailing Address 1030 N Coolidge Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>		
City Gonzales	State LA	Zip Code 70737	Transaction ID : eeb1b83d-37db-44c7-a Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 27 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">119.40</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 915 E Market Ave		Amount 55.00	
City	State	Zip Code	Transaction ID : 186003ad-7ec0-490d-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.63
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1872 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 915 E Market Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26.40</div>		
City Searcy		State AR	Zip Code 72149		Transaction ID : ab85c021-b39d-4475-a
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 1110 N Coolidge			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>		
City Gonzales		State LA	Zip Code 70737		Transaction ID : 97e41e55-5320-4568-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">126.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1873 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address 1110 N Coolidge			Amount 18.45	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 38b334a9-0d1d-4265-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6065305f-009a-4413-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			98.45	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1874 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address 3007 Darden Rd			Amount 17.10	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6716936f-f845-4e81-b Date of Disbursement or Obligation 09 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 09 / 27 / 2014	
Mailing Address 102 S Main Street Apt A2			Amount 50.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 77d5bf5a-11da-479e-8 Date of Disbursement or Obligation 09 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			67.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1875 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 121 Meadowview Drive		Amount 30.00		
City Boone	State NC	Zip Code 28607	Transaction ID : ec39fb49-fef9-4b99-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 121 Meadowview Drive		Amount 5.70		
City Boone	State NC	Zip Code 28607	Transaction ID : 3a2af0d7-854f-4715-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		35.70		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1876 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : d9f5cb40-6d9c-4145-a Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 37.50		
City Little Rock	State AR	Zip Code 72205	Transaction ID : a32e33a0-86c1-4d5c-8 Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			117.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1877 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 9.60	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 446684a9-4cae-46a4-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 9425 Jessica Drive		Amount 82.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 9d783af5-acd6-4b53-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	92.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1878 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014	
Mailing Address 9425 Jessica Drive		Amount 11.40	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 46f9c022-4413-43f4-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014	
Mailing Address 3654 Tara St		Amount 85.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 85857514-f420-42f7-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		96.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1879 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 3654 Tara St			Amount 18.60		
City springdale	State AR	Zip Code 72762	Transaction ID : 54e154c7-38ec-4038-9 Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Paul Rickert			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 710 St. Martins Lane			Amount 35.00		
City Bossier City	State LA	Zip Code 71111	Transaction ID : 50a2d9d2-4494-4aa0-a Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1880 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Paul Rickert			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 710 St. Martins Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">3.90</div>		
City Bossier City		State LA	Zip Code 71111		Transaction ID : df05aaaf-2cb8-44b2-8
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 6610 Walcott Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">55.00</div>		
City Paragoud		State AR	Zip Code 72450		Transaction ID : 74d68e53-85b7-41bc-b
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">58.90</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1881 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 6610 Walcott Rd			Amount 21.75		
City Paragoud	State AR	Zip Code 72450	Transaction ID : 4de532b9-4e44-4aa4-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 112 apache Dr			Amount 55.00		
City Search	State AR	Zip Code 72149	Transaction ID : 2a6a622f-dee7-4194-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			76.75		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 112 apache Dr			Amount 21.75		
City	State	Zip Code	Transaction ID : 4e318985-6509-4d73-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Search	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 220 Doucet Rd		Amount 80.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 6b5421c3-2c61-41cd-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.75
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1883 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014
Mailing Address 220 Doucet Rd		Amount 7.23
City Lafayette	State LA	Zip Code 70503
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 7ae6af28-5d0e-478f-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Rose T Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014
Mailing Address 6403 E Admiral Doyle Dr		Amount 60.00
City Jeanerette	State LA	Zip Code 70544
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : bec4156f-f104-4b91-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	67.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1884 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Rose T Walker			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 6403 E Admiral Doyle Dr			Amount 16.80		
City Jeanerette		State LA	Zip Code 70544		Transaction ID : 8f4df188-57c3-4a89-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			554635.78		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rose T Walker			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 6403 E Admiral Doyle Dr			Amount 60.00		
City Jeanerette		State LA	Zip Code 70544		Transaction ID : 51f50f2c-0b00-49ef-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: <u>00</u> State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought			554635.78		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1885 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Rose T Walker			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 6403 E Admiral Doyle Dr			Amount 16.80		
City Jeanerette		State LA	Zip Code 70544		Transaction ID : 98c83609-e78a-4d36-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 2506 Bolch Street			Amount 60.00		
City Shreveport		State LA	Zip Code 71104		Transaction ID : 66bd503a-3c93-437a-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1886 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 2506 Bolch Street			Amount 46.20		
City Shreveport	State LA	Zip Code 71104	Transaction ID : b81ab89b-cac4-41c0-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Suzanna M Bradley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 1002 W Spring St			Amount 70.00		
City Collinsville	State OK	Zip Code 74021	Transaction ID : f307a5d7-9f28-442a-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			116.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 13827 S E 44th St		Amount 70.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 22e33652-f74c-4c1e-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1888 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 205 Medallion Circle			Amount 60.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4975a098-0842-4851-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 205 Medallion Circle			Amount 27.90		
City Shreveport	State LA	Zip Code 71119	Transaction ID : c4373490-8aab-4228-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1889 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 5521 Randolph St.			Amount 70.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 88f4ac24-657f-48d2-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 5521 Randolph St.			Amount 8.70		
City Marrero	State LA	Zip Code 70072	Transaction ID : 01ecac8a-16ca-449c-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1890 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 4902 Catawba Dr		Amount 20.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : c5907113-74ed-42f2-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 4902 Catawba Dr		Amount 9.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : fa7c8aa6-3078-4342-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1891 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 50.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 46cc9daa-adfc-4aa8-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 13.80	
City Slidell	State LA	Zip Code 70461	Transaction ID : 073a924c-50b7-4e8e-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Joshua E Sherman		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 13.80	
City Slidell	State LA	Zip Code 70461	Transaction ID : 6b35c880-155e-4e0d-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1893 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 295ee484-95b1-4d8f-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 34.41		
City Searcy	State AR	Zip Code 72143	Transaction ID : 72b72dda-54c8-4f3a-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.41		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1b7bd125-d015-4283-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 905 Lake Drive		Amount 72.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : ac408e79-1f03-4fcf-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	132.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1895 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 905 Lake Drive			Amount 14.70		
City State Zip Code Shelby NC 28152		Transaction ID : 57b3aebe-34fe-4126-9 Date of Disbursement or Obligation 09 / 27 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mark McNair			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 11 Cooper Lane			Amount 36.00		
City State Zip Code Conway AR 72034		Transaction ID : badea9d1-668b-4733-9 Date of Disbursement or Obligation 09 / 27 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1896 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mark McNair			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 11 Cooper Lane			Amount 5.40		
City Conway	State AR	Zip Code 72034	Transaction ID : 56aa9e42-c822-4a5a-9 Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 3815 Robin Road			Amount 12.50		
City Ayden	State NC	Zip Code 28513	Transaction ID : 21bacdf7-b4a6-4783-8 Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1897 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 3815 Robin Road			Amount 9.00		
City Ayden	State NC	Zip Code 28513	Transaction ID : ecb8e9b7-257a-4a7c-a Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kacie Gleb			Date of Public Distribution/Dissemination 09 / 27 / 2014		
Mailing Address 3815 Robin Road			Amount 12.50		
City Ayden	State NC	Zip Code 28513	Transaction ID : 536cd6a0-f590-4eb8-b Date of Disbursement or Obligation 09 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1898 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 6101 NORA ST			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : a7774bde-8dd7-40cc-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>		
Mailing Address 1436 Haigs Creek Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">165.00</div>		
City Elgin		State SC	Zip Code 29045		Transaction ID : b1c20b79-18ad-4de8-8
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 27 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">225.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 18065 Wayne Rd		Amount 165.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : a1aff2b1-4e44-4ea5-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	271.02
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1900 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 404 Chancery Park Ct			Amount 45.00		
City Kernersville		State NC	Zip Code 27284		Transaction ID : 02372bb0-0834-4a06-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 404 Chancery Park Ct			Amount 7.50		
City Kernersville		State NC	Zip Code 27284		Transaction ID : 6b435a15-7206-4a7f-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1901 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 924 N. Prieur St			Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : ffc4ec46-446a-459b-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 924 N. Prieur St			Amount 12.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 27fc69d9-27b8-486f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			92.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2014</div> </div>	
Mailing Address 160 #50 Pompano Dr		Amount <div> <div>12.06</div> </div>	
City New Bern	State NC	Zip Code 28560	Transaction ID : 34b47b8c-4977-4249-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.56
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1903 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 09 / 28 / 2014		
Mailing Address 205 Medallion Circle			Amount 70.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : f558cb0d-69f5-428d-b Date of Disbursement or Obligation 09 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 09 / 28 / 2014		
Mailing Address 205 Medallion Circle			Amount 37.80		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 913b0dd8-2621-4ed9-a Date of Disbursement or Obligation 09 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Lourdes Lopez		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 2936 Brushwood Ave		Amount 40.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : 671660b3-b86f-4326-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2014</div> </div>		
Mailing Address 2936 Brushwood Ave			Amount <div> <div>_____</div> <div>6.00</div> </div>		
City Springdale	State AR	Zip Code 72764	Transaction ID : 13a40708-2138-493a-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>_____</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 50.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 119d990c-88c5-441d-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 36.30	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : a6e06593-e0a4-47a0-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 15.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : fd5f11e0-729f-4168-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1907 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 200 Carawood Lane			Amount 55.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 2f4b6ced-aa19-4fc7-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 1434 South Avenue			Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 6e13c7eb-2cac-4500-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			155.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1908 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 1434 South Avenue			Amount 20.25	
City Eden	State NC	Zip Code 27288	Transaction ID : 4aa6ed4f-1bd3-4ec3-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 110 W Pecan St			Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0bd09743-767e-469c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.25	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1909 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 110 W Pecan St			Amount 11.40		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : a2b6eebb-d973-4112-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 220 Doucet Rd			Amount 15.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 258076e2-66bf-4040-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1910 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 220 Doucet Rd			Amount 2.28		
City Lafayette	State LA	Zip Code 70503	Transaction ID : a54bf46a-b5f1-4540-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 50.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 94145bda-429a-4376-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.28		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1911 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 09 / 28 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 4.80		
City Marrero	State LA	Zip Code 70072	Transaction ID : 409c7bf0-8a1d-4d4b-b Date of Disbursement or Obligation 09 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 28 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 50.00		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 858b1aa2-1e1f-4a36-a Date of Disbursement or Obligation 09 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1912 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 12.00		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 39d6bb6f-7a6b-45f5-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address P.O. Box 712			Amount 35.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : e5ab4146-6e0f-410d-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1913 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 09 / 28 / 2014		
Mailing Address P.O. Box 712			Amount 19.50		
City Alexander		State AR	Zip Code 72002		Transaction ID : 720b1cf9-5df5-4e06-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lynn M Jacuzzi			Date of Public Distribution/Dissemination 09 / 28 / 2014		
Mailing Address 4715 Sugar Maple Ln			Amount 17.50		
City Little Rock		State AR	Zip Code 72212		Transaction ID : fb6f5a5d-fff0-43c2-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1914 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lynn M Jacuzzi		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014	
Mailing Address 4715 Sugar Maple Ln		Amount 2.40	
City Little Rock	State AR	Zip Code 72212	Transaction ID : c25eeb65-00e5-4c78-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 6778be00-09e3-43ee-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		82.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1915 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 2506 Bolch Street			Amount 34.50		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 3c94641a-4b5a-417b-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 506 N Horton Street			Amount 80.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 784db2a7-2775-4970-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			114.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1916 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 09 / 28 / 2014		
Mailing Address 506 N Horton Street			Amount 37.20		
City Searcy	State AR	Zip Code 72143	Transaction ID : de99ad09-bdc7-4cf1-b Date of Disbursement or Obligation 09 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 09 / 28 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 80.00		
City College Grove	State TN	Zip Code 37046	Transaction ID : baa81397-8d02-4f31-9 Date of Disbursement or Obligation 09 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			117.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1917 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 09 / 28 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 37.20		
City College Grove		State TN	Zip Code 37046		Transaction ID : e9d1bdf0-d3cd-4b21-9 Date of Disbursement or Obligation 09 / 28 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee John W Antonetz			Date of Public Distribution/Dissemination 09 / 28 / 2014		
Mailing Address 11127 Gila Valley Dr			Amount 10.00		
City Little Rock		State AR	Zip Code 72217		Transaction ID : b0be8ae3-e337-4171-a Date of Disbursement or Obligation 09 / 28 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1919 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 1436 Haigs Creek Dr		Amount 120.00		
City Elgin	State SC	Zip Code 29045	Transaction ID : e7544f52-e765-41f7-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 1436 Haigs Creek Dr		Amount 76.62		
City Elgin	State SC	Zip Code 29045	Transaction ID : d6051511-a4b6-4c42-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		196.62		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 50.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : 701604b4-7274-46d2-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 27.30	
City Harvest	State AL	Zip Code 35749	Transaction ID : a1d89f03-3901-4771-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1921 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014
Mailing Address 106 Wyncrest Ct		Amount 50.00
City Hendersonville	State TN	Zip Code 37075
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 0351c0ff-879a-4d1c-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014
Mailing Address 4902 Catawba Dr		Amount 20.00
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 5671c4bc-2d23-46d6-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2014</div> </div>	
Mailing Address 2320 Saint Nick Dr		Amount <div> <div>MM / DD / YYYY</div> <div>80.00</div> </div>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 42d31762-cddc-4207-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 28 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	89.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1923 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 2320 Saint Nick Dr		Amount 16.50		
City New Orleans	State LA	Zip Code 70131	Transaction ID : a82ef262-beeb-404b-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 6101 NORA ST		Amount 65.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 89da8fe4-6dd6-4cc8-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		81.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1924 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Gloria L Moyer		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 28 / 2014		
Mailing Address 1505 Dills Creek Lane		Amount 10.00		
City Morehead	State NC	Zip Code 28557	Transaction ID : 2325fc7e-2f5c-42c5-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 6544 Arno College Grove Rd		Amount 40.00		
City College Grove	State TN	Zip Code 37046	Transaction ID : 41cc90e7-f6d5-4c67-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		50.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>		
Mailing Address 2183 Spokane Rd			Amount <div> <div>Amount</div> <div>10.50</div> </div>		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 96e1fe80-f0b5-4292-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	District: 00 State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1926 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 09 / 22 / 2014	
Mailing Address Box #11543 915 E Market Ave			Amount 10.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : 73877daa-67d6-4de5-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 09 / 22 / 2014	
Mailing Address Box #11543 915 E Market Ave			Amount 2.40	
City Searcy	State AR	Zip Code 72149	Transaction ID : c9b3cacf-92b4-4480-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			12.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1927 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Mailing Address 44 Bell Street Ext			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 88b1cad1-e4dc-43b8-8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Mailing Address 44 Bell Street Ext			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">16.20</div>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 925f54d0-4e2c-4787-9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 29 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">56.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 16.20	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 5be343b2-6684-4210-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: NC <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1929 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 145 Bradford Circle		Amount 60.00	
City Clayton	State NC	Zip Code 27527	Transaction ID : cf7ab142-e940-4d76-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2014	
Mailing Address 145 Bradford Circle		Amount 11.70	
City Clayton	State NC	Zip Code 27527	Transaction ID : d4dd187e-0d76-4a75-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	71.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1930 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div> </div>	

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 145 Bradford Circle		Amount 30.00	
City Clayton	State NC	Zip Code 27527	Transaction ID : 8a31e1d6-37a2-40ab-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2014	
Mailing Address 145 Bradford Circle		Amount 5.10	
City Clayton	State NC	Zip Code 27527	Transaction ID : 8807f489-17c6-411c-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	35.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1931 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					

Full Name of Payee Laurel Littler			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 145 Bradford Circle			Amount 30.00		
City Clayton	State NC	Zip Code 27527	Transaction ID : e7ae3280-5594-41b4-9 Date of Disbursement or Obligation 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Laurel Littler			Date of Public Distribution/Dissemination 09 / 26 / 2014		
Mailing Address 145 Bradford Circle			Amount 7.20		
City Clayton	State NC	Zip Code 27527	Transaction ID : 06c685d0-b52e-4959-a Date of Disbursement or Obligation 09 / 26 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature

[Electronically Filed]

Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1932 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 145 Bradford Circle		Amount 30.00	
City Clayton	State NC	Zip Code 27527	Transaction ID : 0f0bc51a-5d77-4ffb-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014	
Mailing Address 145 Bradford Circle		Amount 8.40	
City Clayton	State NC	Zip Code 27527	Transaction ID : e6815606-e295-49ee-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1933 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address 1090 McHone Rd		Amount 80.00
City Spruce Pine	State NC	Zip Code 28777
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 4a948ee0-21db-407a-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014
Mailing Address 1090 McHone Rd		Amount 14.10
City Spruce Pine	State NC	Zip Code 28777
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : b39d1f3d-de90-4d50-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	94.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>	
Mailing Address 1981 Cherokee St		Amount <div> <div>MM / DD / YYYY</div> <div>2.76</div> </div>	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 0b82df9a-db53-4c15-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		44.76
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1935 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address Split Oak Drive			Amount 62.50		
City charlotte	State NC	Zip Code 28227	Transaction ID : f9bd9355-f926-4c93-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address Split Oak Drive			Amount 12.30		
City charlotte	State NC	Zip Code 28227	Transaction ID : 20bbb202-77db-4991-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1936 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 30.00		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 17b66d25-ab50-4ca9-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 7.80		
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 27cf6194-42ee-4f8d-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1937 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 345 Auroura Ave			Amount 40.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : 0f1dc691-2b8a-4759-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 345 Auroura Ave			Amount 2.28	
City Metairie	State LA	Zip Code 70006	Transaction ID : 40b81ab3-68f9-41ee-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.28	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1938 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee James A Sears			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 305 Averroe Dr			Amount 20.00	
City Apex	State NC	Zip Code 27502	Transaction ID : d426d25a-cd4b-44b7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 121 Meadowview Drive			Amount 20.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 0729e781-8b99-4387-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1939 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 121 Meadowview Drive			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6.90</div>		
City Boone	State NC	Zip Code 28607	Transaction ID : fecc4184-20fa-49d8-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 2565 Shire Circle			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.00</div>		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 53f2e5a7-f350-4c27-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26.90</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>	

Full Name of Payee Amber N Robbins		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1074 A Cottrell Hill Rd Apt A		Amount \$ 22.00	
City Lenior	State NC	Zip Code 28645	Transaction ID : d622fadd-8e5a-41ce-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Amber N Robbins		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1074 A Cottrell Hill Rd Apt A		Amount 6.90	
City Lenior	State NC	Zip Code 28645	Transaction ID : e859cb49-5de2-447b-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1941 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 5003 Allison Lane		Amount 60.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 9fd6cd33-1b1e-4690-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 5003 Allison Lane		Amount 1.50	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 651561e7-c462-4481-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	61.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 3 Girard		Amount 70.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 4fab9f77-9cdf-4c01-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1943 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 3 Girard			Amount 12.90		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 7c089fee-8036-4ffa-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 3 Girard St			Amount 60.00		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 351ecb6d-fe6b-4cd3-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1944 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 3 Girard St		Amount 14.10		
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 6d99def3-3ee3-47f5-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 7214 Duchamp Dr		Amount 25.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 8383bbbc-bad3-436e-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		39.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1945 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 7.20		
City Charlotte	State NC	Zip Code 23215	Transaction ID : a06baf50-07bc-498e-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 915 East Market Ave			Amount 50.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : bd644623-d620-40d9-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1946 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 915 East Market Ave			Amount 50.40	
City Searcy	State AR	Zip Code 72149	Transaction ID : b8ab70c5-f4c1-4489-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tolicia J Colbert			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 49 Sharon Circle			Amount 35.00	
City Greenbrier	State AR	Zip Code 72058	Transaction ID : 487697e4-dd0c-4f92-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			85.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1947 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Tolicia J Colbert			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 49 Sharon Circle			Amount 1.20		
City Greenbrier	State AR	Zip Code 72058	Transaction ID : 9db35862-3e69-45db-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 50.00		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 03678943-b627-465d-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1948 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 32.10		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 4106c8e9-8fb1-46d4-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 924 N. Prieur St			Amount 80.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : d32cd409-02ce-4bb1-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			112.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 8822 Apple St		Amount 65.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 113465de-b35c-4d81-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1950 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 8822 Apple St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">65.00</div>		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 2d348138-c763-4ebb-b
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 212 Stonecliff Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">60.00</div>		
City West Monro		State LA	Zip Code 71291		Transaction ID : 8a68c278-e9e1-4137-9
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">125.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1951 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 8.49		
City West Monro	State LA	Zip Code 71291	Transaction ID : 4601ea9a-6002-42eb-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 600 W Vine Ave			Amount 50.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 0871d00d-0dd4-49b4-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.49		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1952 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 600 W Vine Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23.10</div>		
City Searcy		State AR	Zip Code 72143		Transaction ID : 6f89291e-645a-4e15-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Charity A Carr			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 13827 S E 44th St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>		
City Choctaw		State OK	Zip Code 73020		Transaction ID : 3dff5650-a3a1-4909-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">78.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 211 Dixie Ave		Amount 55.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 269b2a6a-e047-40b7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1510 Bailey St		Amount 40.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 61aed738-c898-4add-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ►	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1954 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 09 / 29 / 2014	
Mailing Address 106 Hillside St			Amount 87.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : a9009d82-b16f-4623-8 Date of Disbursement or Obligation 09 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 09 / 29 / 2014	
Mailing Address 106 Hillside St			Amount 59.31	
City Spindale	State NC	Zip Code 28160	Transaction ID : 03785190-e2b4-476d-a Date of Disbursement or Obligation 09 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			146.81	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1955 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 26.00		
City Conway		State AR	Zip Code 72034	Transaction ID : ef37bccb-4ee0-4664-a	
Purpose of Expenditure Salary		Category/ Type	001	Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 12.12		
City Conway		State AR	Zip Code 72034	Transaction ID : d1ffb4a-1e44-4a82-b	
Purpose of Expenditure Mileage		Category/ Type	002	Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....			38.12		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures.....					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 105 South Dale St		Amount 17.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 39c1c5a3-ef9e-4f81-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶
		<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1957 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 105 South Dale St			Amount 80.00		
City State Zip Code Spruce Pine NC 28777		Transaction ID : bc7d80ee-3e6e-4593-a Date of Disbursement or Obligation 09 / 29 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 282 Falls Ave			Amount 20.00		
City State Zip Code Granite Falls NC 28630		Transaction ID : af6eb696-99b7-46fb-8 Date of Disbursement or Obligation 09 / 29 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1958 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 282 Falls Ave			Amount 4.50		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : c8833dfd-e2e5-4a94-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James E Dacus			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 117 Cynthia Ave			Amount 45.00		
City Farmington	State AR	Zip Code 72730	Transaction ID : e47f6796-c109-40d4-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 70.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 7ec586e2-ffee-4b6e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1960 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 9.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : e9f83752-d589-40e4-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 286 Wrenn Drive		Amount 20.00	
City Lexington	State NC	Zip Code 27292	Transaction ID : e18dd149-7881-475f-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		29.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Royce W Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 317 Farris Rd Apt 1		Amount 20.00	
City Conway	State AR	Zip Code 72034	Transaction ID : d903d6ea-97db-4ff2-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>26.30</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 5521 Randolph St.		Amount 25.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 6d167fb9-770a-43b5-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1963 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 5521 Randolph St.			Amount 1.80	
City Marrero	State LA	Zip Code 70072	Transaction ID : 392d5fc2-85e9-4416-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1434 South Avenue			Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : a90c3cae-8a69-4518-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			101.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 995 Clairborne Rd		Amount 45.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 5c57521a-6e2e-470a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>60.60</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1965 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 995 Clairborne Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13.80</div>		
City Calhoun		State LA	Zip Code 71225		Transaction ID : 7588d759-08f3-4402-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Chad E Day			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 168 Emerald Hill			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>		
City Forest City		State NC	Zip Code 28043		Transaction ID : 0e1ec455-c571-4d0e-9
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">93.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1966 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 100.00		
City Berryville		State VA	Zip Code 22611		Transaction ID : 9c9e2960-e20c-4773-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 65.00		
City Charolette		State NC	Zip Code 28215		Transaction ID : eb5cfe5f-110b-42d8-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			165.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1967 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 60.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 723b850f-a028-4a0e-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 40.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : f71b9d36-0958-49a2-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1968 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 16.20	
City College Grove	State TN	Zip Code 37046	Transaction ID : bcbc6061-5960-4b25-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Mailing Address 506 N Horton Street		Amount 40.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : dd2641b2-9fd9-4e71-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		56.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1969 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 29 / 2014		
Mailing Address 506 N Horton Street			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 16.20		
City Searcy	State AR	Zip Code 72143	Transaction ID : 5683ce6e-26ee-4c5b-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> 002			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 29 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 50.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9b13747c-76dd-4750-a Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 09 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px;"></div> 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> 66.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1970 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 6.30		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 7e2fe1e4-6c91-489e-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 1110 N Coolidge			Amount 55.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 313ba6a6-ced1-49a4-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	61.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : d19bdad0-3188-47a6-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1972 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 220 Doucet Rd			Amount 3.30		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 0aa78ade-4984-45f8-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 110 W Pecan St			Amount 55.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c198a1ec-613c-46f7-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1973 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 110 W Pecan St			Amount 32.70		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0ba82a24-1636-4c83-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 409 LaSalle Drive			Amount 30.00		
City Little Rock	State AR	Zip Code 72211	Transaction ID : 92a79b9c-ee43-47b6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>	
Mailing Address 2357 Fancy Cap Rd		Amount <div> <div>Amount</div> <div>70.00</div> </div>	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 08eabf34-f4c6-4759-8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1975 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 9.72		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 59cd3e74-6043-484d-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 70.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2fbbcc8f-0ccf-4499-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.72		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1976 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 9.72		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 9416b51d-502e-4523-a Date of Disbursement or Obligation 09 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 103 Glenhaven Ct			Amount 40.00		
City Harvest	State AL	Zip Code 35749	Transaction ID : 16b12aef-f760-44d7-8 Date of Disbursement or Obligation 09 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.72		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1977 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination 09 / 29 / 2014	
Mailing Address 103 Glenhaven Ct			Amount 26.70	
City Harvest	State AL	Zip Code 35749	Transaction ID : 9464af92-6ecb-4a3c-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 09 / 29 / 2014	
Mailing Address 1900 Glen West Way			Amount 70.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 2d3991a2-17b1-4134-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			96.70	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Rose T Walker		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>	
Mailing Address 6403 E Admiral Doyle Dr		Amount <div> <div>MM / DD / YYYY</div> <div>10.00</div> </div>	
City Jeanerette	State LA	Zip Code 70544	Transaction ID : c025da73-c581-4e7e-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>554635.78</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	16.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1979 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Rose T Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 6403 E Admiral Doyle Dr			Amount 3.00		
City Jeanerette		State LA	Zip Code 70544		Transaction ID : 0c917daf-e42a-4a60-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Rose T Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 6403 E Admiral Doyle Dr			Amount 10.00		
City Jeanerette		State LA	Zip Code 70544		Transaction ID : 6ab2861e-a050-4a2c-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			13.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1980 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Rose T Walker			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 6403 E Admiral Doyle Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3.00</div>		
City Jeanerette		State LA	Zip Code 70544		Transaction ID : 515bb6a9-3d5f-4c0a-9
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 106 Wyncrest Ct			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.00</div>		
City Hendersonville		State TN	Zip Code 37075		Transaction ID : 03f8bcfb-d15d-4bb1-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">43.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div> <div style="text-align: center;">[Electronically Filed]</div>		

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>	
Mailing Address 308 West Main Street		Amount <div> <div>MM / DD / YYYY</div> <div>19.35</div> </div>	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : f35fa98e-ab3b-464f-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	136.85
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1982 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 308 West Main Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.50</div>		
City Plot Mountain		State NC	Zip Code 27041		Transaction ID : ed376ab5-9ebc-4c17-a
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 7151 Mullins Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">80.00</div>		
City Saltville		State VA	Zip Code 24370		Transaction ID : 92af5ac3-bee6-4320-a
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">197.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">30</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>		

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>	
Mailing Address 272 Westgate Ct Apt 6		Amount <div> <div>Amount</div> <div>15.00</div> </div>	
City Lexington	State NC	Zip Code 27295	Transaction ID : 886f7737-90b5-43b5-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1095959.94</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	75.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 200 Carawood Lane		Amount 7.20	
City Lexington	State NC	Zip Code 27295	Transaction ID : 6c839bff-f492-46cf-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>22.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 905 Lake Drive		Amount 3.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 4a664ebd-fa5f-4d31-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤	34.00
(b) SUBTOTAL of Unitemized Independent Expenditures ➤	
(c) TOTAL Independent Expenditures..... ➤	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1986 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 25.00		
City Little Rock		State AR	Zip Code 72205		Transaction ID : b69daef1-46c3-45f4-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 6.90		
City Little Rock		State AR	Zip Code 72205		Transaction ID : efc54d2a-2e41-48c3-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1988 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Miranda A Resinos			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 1430 Sunnyside Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.40</div>		
City Alma		State AR	Zip Code 72921		Transaction ID : 4aa2c96a-24f7-46fa-8
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 3738 Woodland Ridge Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : a80b2491-36f4-441c-b
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">84.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1989 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Vanessa E Ecuyer			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 10.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 27759a11-563a-4d77-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 37ec17d0-70f7-46bd-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1990 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 2506 Bolch Street			Amount 33.00		
City State Zip Code Shreveport LA 71104		Transaction ID : d6695507-3ea0-4a79-9 Date of Disbursement or Obligation 09 / 29 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City State Zip Code Shreveport LA 71119		Transaction ID : 53497b5c-e4e9-4ed9-9 Date of Disbursement or Obligation 09 / 29 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1991 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 205 Medallion Circle			Amount 37.20	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 833675ff-b7d3-48e0-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 101 Asbury Ct			Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 522bdc11-2ef0-4d32-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1992 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 907 Randall Drive			Amount 20.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : d9f9ebc9-25b7-4573-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 907 Randall Drive			Amount 13.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : bcd7b512-fae9-4c30-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1993 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 70.00		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 0b9995c3-1b16-4d96-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 30.30		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 4ab773dc-d9ec-4158-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1994 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div>					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 629 Radiance Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">60.00</div>		
City Metairie		State LA	Zip Code 70001		Transaction ID : 15e43fbd-cf93-425e-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>		
Mailing Address 629 Radiance Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">1.50</div>		
City Metairie		State LA	Zip Code 70001		Transaction ID : 2dcad2d8-bcde-485a-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2014</div>	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">61.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1995 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 110.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 074e1a49-f249-4a39-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 15.60		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 9b7e06f4-3b35-42bb-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1996 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 120.00		
City Conway	State AR	Zip Code 72032	Transaction ID : a86fbc8c-0551-4b8e-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 13.80		
City Conway	State AR	Zip Code 72032	Transaction ID : 9f252990-f196-46e9-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			133.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1997 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 29 / 2014		
Mailing Address P.O. Box 712			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">55.00</div>		
City Alexander		State AR	Zip Code 72002		Transaction ID : beda6baf-1cd7-43c8-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 29 / 2014		
Mailing Address P.O. Box 712			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20.40</div>		
City Alexander		State AR	Zip Code 72002		Transaction ID : 88b7e113-93a8-4485-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">292434.22</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1998 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 70.00		
City Slidell	State LA	Zip Code 70461	Transaction ID : 3dbd1b2d-aef9-40e7-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 3.00		
City Slidell	State LA	Zip Code 70461	Transaction ID : 0c2bc39d-bd22-40e3-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1999 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 50.00		
City Mandeville		State LA	Zip Code 70471		Transaction ID : 04be244e-f757-41d4-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 17.70		
City Mandeville		State LA	Zip Code 70471		Transaction ID : 4b9c4849-42d6-4d60-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 3.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : c6e0c43c-2d62-4fd5-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; width: 200px;">73.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; height: 30px;"></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; height: 30px;"></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 0001 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 40.00		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : b3d5dfb2-d138-4f56-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 502 N Oak St			Amount 50.00		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 3fadc774-ba51-43e7-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 0002 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 502 N Oak St			Amount 15.60		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 53939ebb-6a55-419c-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Amber M Gregory			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 1710 Elfen Glen St Apt 114B			Amount 30.00		
City Van Buren		State AR	Zip Code 72956		Transaction ID : 2c6ebe15-44ad-47cd-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____ Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Carla A Wells		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>	
Mailing Address 2013 Woodwind Way		Amount <div> <div>Amount</div> <div>4.50</div> </div>	
City Van Buren	State NC	Zip Code 72956	Transaction ID : 453a2bce-ce8b-4902-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>34.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2004 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Destiny S Philpott		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 3502 S 66th St Apt 47		Amount 10.00	
City Fort Smith	State AR	Zip Code 72903	Transaction ID : d7889d9a-0470-4781-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Benjamin K Cunningham		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 3502 S 66th St Apt 47		Amount 10.00	
City Fort Smith	State AR	Zip Code 72903	Transaction ID : a97b7f8d-e183-4674-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2005 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Benjamin K Cunningham			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 3502 S 66th St Apt 47			Amount 3.00		
City Fort Smith	State AR	Zip Code 72903	Transaction ID : 3a6acc7c-f3fc-4049-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 50.00		
City Elgin	State SC	Zip Code 29045	Transaction ID : 035c0bc1-b825-405b-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2006 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 42.39	
City Elgin	State SC	Zip Code 29045	Transaction ID : 9166ccc7-1f75-402a-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 18065 Wayne Rd		Amount 50.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 946efe37-e276-47c4-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	92.39
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2007 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 6101 NORA ST		Amount 70.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 6627dfa6-c06c-4fec-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 1103 West Wilson Street		Amount 45.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 722ed267-eab4-435a-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		115.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2008 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1103 West Wilson Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18.90</div>		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0c6631a6-2a2b-445e-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 3007 Darden Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">90.00</div>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6d959dfa-0a5c-42d3-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">108.90</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2009 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 3007 Darden Rd		Amount 19.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 8d761a0e-709b-45b9-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 3007 Darden Rd		Amount 90.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 09ddd185-0df9-4217-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	109.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2010 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>	
Mailing Address 2320 Saint Nick Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">80.00</div>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 8a592fd3-2867-499c-a Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>	
Mailing Address 2320 Saint Nick Dr		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.50</div>	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 2051b0c4-628a-4953-a Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 29 / 2014</div>
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">99.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2011 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 202 East Park Ave Apt 40			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">37.50</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : 8ff6d2e4-056f-4294-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 202 East Park Ave Apt 40			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">22.65</div>		
City Searcy	State AR	Zip Code 72143	Transaction ID : dd76f579-e513-4e92-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">60.15</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2012 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 05816e40-6949-4e0c-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : e408d31b-9eb8-42a1-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2015

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 5bea4a95-0567-422c-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2014 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 9059b8a9-9039-45b9-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : e5b9fe69-74d1-4cd9-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2015 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					

Full Name of Payee Trent Minner			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 29 / 2014		
Mailing Address 2000 W University St			Amount 30.00		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 0ba3c07a-1100-4e2e-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Trent Minner			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 09 / 29 / 2014		
Mailing Address 2000 W University St			Amount 18.00		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 78645321-c6de-46c5-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 09 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	48.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y
 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2016 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>					
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 804 Roundabout Circle			Amount 60.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 591aa0a1-9075-42f7-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 2121 Daniel Dr			Amount 60.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 47c0aa71-ad22-4671-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2017 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 2121 Daniel Dr			Amount 77.01		
City Searcy		State AR	Zip Code 72143		Transaction ID : cadafe02-cc67-4ddb-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: AR District: 00		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 09 / 29 / 2014		
Mailing Address 7 Bards Lane			Amount 20.00		
City Fletcher		State NC	Zip Code 28732		Transaction ID : 7656f54c-8149-4d3e-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NC District: 00		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.01		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2018 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address 7 Bards Lane			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">14.40</div>		
City Fletcher		State NC	Zip Code 28732		Transaction ID : 49f873ac-ac00-4a97-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014		
Mailing Address PO Box 398			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>		
City Neosho		State MO	Zip Code 64850		Transaction ID : 2cfb8bb9-e315-42b9-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">69.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2019 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Suzanna M Bradley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1002 W Spring St		Amount 55.00	
City Collinsville	State OK	Zip Code 74021	Transaction ID : dfc2dbfe-e256-4100-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Suzanna M Bradley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 29 / 2014	
Mailing Address 1002 W Spring St		Amount 45.00	
City Collinsville	State OK	Zip Code 74021	Transaction ID : 932d5a1f-662a-4dbc-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>	
Mailing Address 4691 Hercules Lane		Amount <div> <div>100.00</div> </div>	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 14af0f26-455e-45df-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div>001</div> </div>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>		
Mailing Address 20679 Glenbrook Terrace			Amount <div> <div>10.00</div> </div>		
City Sterling	State VA	Zip Code 20165	Transaction ID : 96d0d63a-c57a-41bb-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>	
Mailing Address 5521 Randolph St.		Amount <div> <div>12.50</div> </div>	
City Marrero	State LA	Zip Code 70072	Transaction ID : 8f221a82-6d09-44d0-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	<div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>32.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2022 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>		
Mailing Address 5521 Randolph St.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.20</div>		
City State Zip Code Marrero LA 70072		Transaction ID : 658960d8-33dd-44e6-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 25 / 2014</div>			
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>		
Mailing Address 502 N Oak St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>		
City State Zip Code Little Rock AR 72205		Transaction ID : e29922ea-dd63-4de1-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 29 / 2014</div>			
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">51.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>	
Mailing Address 2730 Dave Ward Dr		Amount <div> <div>Amount</div> <div>20.00</div> </div>	
City Conway	State AR	Zip Code 72034	Transaction ID : f6344623-5e56-490e-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 29 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	<div> <div>Amount</div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		35.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2024 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>					
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">29</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address 2730 Dave Ward Dr			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">6.60</div>		
City Conway		State AR	Zip Code 72034		Transaction ID : 92b31e09-3ef9-491b-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">29</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u></div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">29</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>		
Mailing Address 3654 Tara St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">50.00</div>		
City springdale		State AR	Zip Code 72762		Transaction ID : fc178113-aa22-4262-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">29</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2014</div>
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u></div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">56.60</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <i>Ms. Emily Buchanan</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">01</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;">2015</div></div></div>					

Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1090 McHone Rd		Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : f98b20d5-c6b2-4459-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 4967 Dysartville		Amount <div> <div>MM / DD / YYYY</div> <div>80.00</div> </div>	
City Morganton	State NC	Zip Code 28655	Transaction ID : b92ee275-f92d-4986-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div> <div>MM / DD / YYYY</div> <div>1095959.94</div> </div>		District: 00 State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2027 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 4bbad9d1-a72c-43be-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 9.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : fe28aded-2a5f-4541-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2028 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Morgan E Hallenbeck			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 3790 Christian Light Rd			Amount 60.00		
City Fuquay Varina		State NC	Zip Code 27526		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : f0fd4a7c-6521-45fa-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Morgan E Hallenbeck			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 3790 Christian Light Rd			Amount 20.79		
City Fuquay Varina		State NC	Zip Code 27526		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : cd6040d4-a058-46ad-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.79		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 3 Girard St		Amount 11.10	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : d871559a-e6e0-45e6-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2030 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div>	

Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2014 </div>	
Mailing Address 3 Girard			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 60.00 </div>	
City State Zip Code Fort Smith AR 72901	Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 292434.22 </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2014 </div>	
Mailing Address 3 Girard			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6.60 </div>	
City State Zip Code Fort Smith AR 72901	Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 292434.22 </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 66.60 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2031 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY				
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 105 South Dale St			Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : aa90d85c-81cc-48f0-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jenna M Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 2279 Gouges Creek Rd			Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 5e31d8e5-3f5c-41f0-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2032 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jenna M Ledford			Date of Public Distribution/Dissemination 09 / 30 / 2014	
Mailing Address 2279 Gouges Creek Rd			Amount 31.20	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 06663e63-3ab0-4a78-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 09 / 30 / 2014	
Mailing Address 160 #50 Pompano Dr			Amount 60.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : 5ed6de4a-95d1-4521-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			91.20	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2033 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 12.69		
City New Bern		State NC	Zip Code 28560		Transaction ID : 84bcb7e4-6afe-4155-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 1981 Cherokee St			Amount 50.00		
City Baton Rouge		State LA	Zip Code 70806		Transaction ID : dcd10e30-afb4-4679-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.69		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1981 Cherokee St		Amount 5.94	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : b1c21f03-edbe-438d-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: LA <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1510 Bailey St		Amount 45.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : d0a3cced-c065-44b2-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	50.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital display units are shown, each with a different date format. The first unit shows '01' under 'M M' labels. The second unit shows '30' under 'D D' labels. The third unit shows '2015' under 'Y Y Y Y' labels.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2035 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 915 East Market Ave			Amount 50.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : c6529bed-765a-4a1d-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 915 East Market Ave			Amount 46.20	
City Searcy	State AR	Zip Code 72149	Transaction ID : 14ac1185-8c5b-41b8-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>		
Mailing Address 44 Bell St			Amount <div> <div></div> <div>31.80</div> </div>		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 983568c3-3b4c-4b23-b Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>1095959.94</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
			District: 00 State: NC		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address Split Oak Drive		Amount 17.91	
City charlotte	State NC	Zip Code 28227	Transaction ID : 26ed21f2-fb75-4972-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	52.91
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2038 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 995 Clairborne Rd		Amount 50.00
City Calhoun	State LA	Zip Code 71225
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : ca0dd9c5-49ed-4960-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 995 Clairborne Rd		Amount 14.70
City Calhoun	State LA	Zip Code 71225
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 63825768-826c-483f-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2039 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Lynn M Jacuzzi		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 4715 Sugar Maple Ln		Amount 10.50		
City Little Rock	State AR	Zip Code 72212	Transaction ID : 93ba8ac6-4725-497c-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Lynn M Jacuzzi		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 4715 Sugar Maple Ln		Amount 2.40		
City Little Rock	State AR	Zip Code 72212	Transaction ID : 40a49b79-adbf-4389-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		12.90		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2040 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Victoria A Gray		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 2173 Spokane Rd		Amount 60.00		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 07ec73fb-bb54-4f72-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Victoria A Gray		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 2173 Spokane Rd		Amount 13.50		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 9276d002-d733-41f9-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		73.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2041 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Chad E Day			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 168 Emerald Hill			Amount 72.00	
City Forest City	State NC	Zip Code 28043	Transaction ID : 35009f6d-4b82-47fa-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Chad E Day			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 168 Emerald Hill			Amount 42.75	
City Forest City	State NC	Zip Code 28043	Transaction ID : 5ac6da54-4b50-4c44-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			114.75	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2042 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 212 Stonecliff Dr		Amount 65.00
City West Monro	State LA	Zip Code 71291
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 55059e7b-4d83-4059-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 212 Stonecliff Dr		Amount 9.69
City West Monro	State LA	Zip Code 71291
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 990ecef9-bb5b-46f0-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	74.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Ms. Emily Buchanan**[Electronically Filed]*

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee David Ford						Date of Public Distribution/Dissemination									
						M M / D D / Y Y Y Y 09 / 30 / 2014									
Mailing Address 106 Hillside St						Amount									
City Spindale				State NC		Zip Code 28160		41.01							
Purpose of Expenditure Mileage						Category/ Type 002		Transaction ID : 0fa10560-d526-4b79-b							
						Date of Disbursement or Obligation									
						M M / D D / Y Y Y Y 09 / 30 / 2014									
Name of Federal Candidate Ms. Kay Hagan						<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: __00 State: ____ NC					
Calendar Year-To-Date Per Election for Office Sought						1095959.94		Disbursement For: 2014		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____					

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	116.01
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Tolicia J Colbert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 49 Sharon Circle		Amount 45.00	
City Greenbrier	State AR	Zip Code 72058	Transaction ID : 4e683553-af42-41bb-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2045 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Tolicia J Colbert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 49 Sharon Circle		Amount 1.59	
City Greenbrier	State AR	Zip Code 72058	Transaction ID : 1f7cc39c-7cf5-4d2c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 407 randall Dr		Amount 40.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 66238607-df73-44d8-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		41.59	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2046 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 407 randall Dr			Amount 21.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : e11e925d-1e82-4a77-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 3300 Asher Ave			Amount 80.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : ef768f0b-dea8-4363-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 60.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 7332ccce-ff75-498f-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 10.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : b86e0109-5224-4654-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 117 Cynthia Ave		Amount <div> <div></div> <div>90.00</div> </div>	
City Farmington	State AR	Zip Code 72730	Transaction ID : e2074a48-6bd8-456b-a Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>292434.22</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2049 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 117 Cynthia Ave		Amount 12.30	
City Farmington	State AR	Zip Code 72730	Transaction ID : 28a7b7e6-9bd1-42a3-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 45.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : c3d3abc4-7272-48c2-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		57.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 7.50	
City Kernersville	State NC	Zip Code 27284	Transaction ID : c749e4bb-012b-43d2-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 50.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : efb5990-c451-4418-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2051 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 5.10		
City Charlotte	State NC	Zip Code 23215	Transaction ID : bb78cb27-d3d0-4730-b Date of Disbursement or Obligation 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Vanessa E Ecuyer			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 32.50		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 922511a5-b32a-4185-b Date of Disbursement or Obligation 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 32.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 6cb6f2c2-25a0-46c5-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2053 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 32.50		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : e2b4b846-de7e-484b-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 5.49		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : a6263a63-a0b7-47dc-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.99		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2054 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 300 Evangeline St		Amount 60.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : cf7d58cf-1744-4542-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 300 Evangeline St		Amount 17.70	
City Monroe	State LA	Zip Code 71201	Transaction ID : 5f7ffd1e-d653-4d39-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	77.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2055 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 2183 Spokane Rd			Amount 60.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 7b657e83-1f97-485c-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 2183 Spokane Rd			Amount 6.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 32643b49-393d-4bb6-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 12.84	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 800f5655-ee28-45ba-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.84
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 8822 Apple St		Amount <div> <div>50.00</div> </div>	
City New Orleans	State LA	Zip Code 70188	Transaction ID : f3d8ada4-bb2c-41c5-a Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought <div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2058 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address 8822 Apple St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">50.00</div>		
City State Zip Code New Orleans LA 70188		Transaction ID : 34f40c48-b35c-458f-8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>			
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address 924 N. Prieur St			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">80.00</div>		
City State Zip Code New Orleans LA 70116		Transaction ID : 5265d853-f778-4795-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>			
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">130.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2059 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 924 N. Prieur St		Amount 12.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 02444a0f-7abe-4009-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Christopher L Brazil		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 5560 Dogwood Dr		Amount 55.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 6ad68691-fab9-4f9b-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		67.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2060 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Christopher L Brazil			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address 5560 Dogwood Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4.74</div>		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : a5f5dca7-1413-46dd-a
Purpose of Expenditure Mileage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>		
Mailing Address 1434 South Avenue			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">100.00</div>		
City Eden		State NC	Zip Code 27288		Transaction ID : 0ecb8542-95ec-4222-a
Purpose of Expenditure Salary		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 30 / 2014</div>	
Name of Federal Candidate Ms. Kay Hagan			<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC</div></div>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1095959.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">104.74</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 30 / 2015</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2061 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 1434 South Avenue			Amount 13.80		
City State Zip Code Eden NC 27288		Transaction ID : 8c4656da-20b2-4fa5-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 907 Randall Drive			Amount 30.00		
City State Zip Code Searcy AR 72149		Transaction ID : 8f8ee9fe-7fe4-4174-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 42.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 8b97ab8f-9e3a-43ac-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 1430 Sunnyside Rd		Amount <div> <div>80.00</div> </div>	
City Alma	State AR	Zip Code 72921	Transaction ID : d6faa5cc-4348-4113-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		<div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.55
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2064 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Miranda A Resinos			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 1430 Sunnyside Rd			Amount 15.60		
City Alma		State AR	Zip Code 72921		Transaction ID : bfe93518-655d-4684-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 21.50		
City Raleigh		State NC	Zip Code 27610		Transaction ID : 027dfdee-99b7-4a64-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2065 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 6.00		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 344a8d70-6562-40f0-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 286 Wrenn Drive			Amount 25.00		
City Lexington	State NC	Zip Code 27292	Transaction ID : 225a41ae-82b1-43d6-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2066 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 286 Wrenn Drive			Amount 5.04		
City Lexington	State NC	Zip Code 27292	Transaction ID : 6872ee24-c003-4628-a		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 600 W Vine Ave			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 9dc15bc3-8f81-43b5-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.04		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2067 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 600 W Vine Ave			Amount 25.50		
City Searcy	State AR	Zip Code 72143	Transaction ID : dc0eca0f-b148-4ddd-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 502 N Oak St			Amount 20.00		
City Little Rock	State AR	Zip Code 72205	Transaction ID : 2a10a016-740e-4ac7-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2068 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 502 N Oak St			Amount 7.20	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 6a428a87-5757-4eb6-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 308 West Main Street			Amount 112.50	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 4e89656c-a529-44b0-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			119.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2069 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYY					
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 308 West Main Street			Amount 20.97		
City Pilot Mountain		State NC	Zip Code 27041		Transaction ID : 672e13a8-630a-4e93-9
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 25.00		
City Lexington		State NC	Zip Code 27295		Transaction ID : 0390efae-2cfc-4084-a
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			45.97		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2070 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 200 Carawood Lane			Amount 50.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : b5bc6c0e-0621-4d28-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 200 Carawood Lane			Amount 21.60		
City Lexington	State NC	Zip Code 27295	Transaction ID : 5e0fd354-8051-4cc6-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2071 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 308 West Main Street			Amount 112.50		
City State Zip Code Plot Mountain NC 27041		Transaction ID : a73fb210-e01c-444c-8 Date of Disbursement or Obligation 09 / 30 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 50.00		
City State Zip Code Mandeville LA 70471		Transaction ID : dbf42e5e-ed15-46ae-8 Date of Disbursement or Obligation 09 / 30 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			162.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date 01 / 30 / 2015		

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 9425 Jessica Drive		Amount <div> <div></div> <div>25.00</div> </div>	
City Shreveport	State LA	Zip Code 71106	Transaction ID : edd396e2-3a2a-4372-9 Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶ _____	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>554635.78</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2073 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					

Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 9425 Jessica Drive			Amount 6.60		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 431f0c4d-9e39-40d0-9 Date of Disbursement or Obligation 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 6412 Osage Dr			Amount 60.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 3711a37a-f205-459e-b Date of Disbursement or Obligation 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	66.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature

[Electronically Filed]

Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2074 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 6412 Osage Dr			Amount 6.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 5306ddcb-6a48-49a1-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 20.00		
City Conway	State AR	Zip Code 72032	Transaction ID : 3f194e41-881b-404e-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2075 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Matt M Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 6.00		
City Conway	State AR	Zip Code 72032	Transaction ID : 70fa1a24-735c-4360-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Sandra L Clarke			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 20.00		
City Conway	State AR	Zip Code 72032	Transaction ID : b4787be6-b6e4-4658-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2076 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 6108 Harkins Ave			Amount 40.00		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 3c397ebb-4cae-44cf-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 6108 Harkins Ave			Amount 13.20		
City Little Rock		State AR	Zip Code 72210		Transaction ID : f67bc598-0bd4-48ff-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2077 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 450 Judson Dr			Amount 45.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : ed3e6ab5-175f-415b-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 450 Judson Dr			Amount 0.90	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 9b31b6b9-bdcf-4701-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 65.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 213bf3ef-93e5-4399-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"><div></div><div>130.00</div></div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"><div></div><div></div></div>
(c) TOTAL Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"><div></div><div></div></div>

Signature

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 61.23	
City Elgin	State SC	Zip Code 29045	Transaction ID : 9f166a77-4f30-48f7-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 900beeae-66f8-4da5-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	141.23
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2080 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 16.50	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 38ce8150-95fd-48ea-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 110 W Pecan St		Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2bcf1afa-bcaf-44b1-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	71.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2081 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 110 W Pecan St		Amount 33.60		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 93b7b357-89ea-4f72-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 448 Judson Dr		Amount 54.50		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 155a770c-2d7f-42af-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		88.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e912742e-11b9-4737-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2083 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 12.84		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 0cf6ac9b-213b-43f6-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 09 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 250 JS Brewton rd			Amount 50.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : b6e794ec-40c1-4597-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.84		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2084 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 250 JS Brewton rd		Amount 3.60		
City goldonna	State LA	Zip Code 71031	Transaction ID : 81927fe5-0fbc-4770-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 2329 Runnymede Dr		Amount 60.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 457ccd6e-9c26-42bd-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		63.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2085 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 6.60		
City Marrero	State LA	Zip Code 70072	Transaction ID : f32afae7-811d-4974-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 09 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 50.00		
City Slidell	State LA	Zip Code 70461	Transaction ID : c04f6823-2725-4b92-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 09 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2086 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 119 Goldenwood Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4.50</div>		
City Slidell	State LA	Zip Code 70461	Transaction ID : 42279eaf-aba3-4e88-9 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 119 Goldenwood Dr			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50.00</div>		
City Slidell	State LA	Zip Code 70461	Transaction ID : 4829ff0e-54f5-43d9-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">54.50</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2015</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2087 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 4.50		
City Slidell	State LA	Zip Code 70461	Transaction ID : 6f82c201-c8d0-4a7e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 20.00		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 3ae98565-4545-4778-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 10112 Piney Creek Ct		Amount <div> <div></div> <div>30.00</div> </div>	
City Charolette	State NC	Zip Code 28215	Transaction ID : b3e84339-7175-4ed9-b Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2089 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 30 / 2014		
Mailing Address 220 Doucet Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">30.00</div>		
City State Zip Code Lafayette LA 70503		Transaction ID : 0ab0c2d0-5354-4b71-b Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 30 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 30 / 2014		
Mailing Address 220 Doucet Rd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2.19</div>		
City State Zip Code Lafayette LA 70503		Transaction ID : b4209922-41b2-4be0-a Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 30 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">554635.78</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">32.19</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 30 / 2015		

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 60.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 0f8ac219-e5e7-4084-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 10.80	
City Conway	State AR	Zip Code 72032	Transaction ID : 3a4b0bee-d21d-4a6f-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	70.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2091 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					

Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 90.00		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 1cf0332b-8271-411c-a Date of Disbursement or Obligation 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 74.10		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 8607dae5-7bbf-4bec-9 Date of Disbursement or Obligation 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	164.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
 Signature

[Electronically Filed]

Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2092 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014		
Mailing Address 202 East Park Ave Apt 40		Amount 30.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : c6b3df9c-7c92-43a8-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014		
Mailing Address 1103 West Wilson Street		Amount 50.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 081e9df6-81d8-4d25-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 90.00	
City	State	Zip Code	Transaction ID : 6a486773-af3f-4821-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	108.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2094 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 2565 Shire Circle			Amount 40.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 83005ae1-3a5f-4465-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 30.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 124dd17f-c57e-41f0-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 09 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2095 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : f6e74516-6581-4142-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 1025 Cayley Ct			Amount 110.00		
City High Point	State NC	Zip Code 27260	Transaction ID : 9df19de1-5ecf-4594-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			180.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2096 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 1025 Cayley Ct			Amount 15.30		
City High Point		State NC	Zip Code 27260		Transaction ID : 3e596070-5ae2-46bb-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 1025 Cayley Ct			Amount 110.00		
City High Point		State NC	Zip Code 27260		Transaction ID : 12ffb2e0-4153-4bd4-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 4902 Catawba Dr		Amount 110.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : c1059a68-1763-41a8-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	124.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2098 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 4902 Catawba Dr			Amount 17.40		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 09aef227-693b-4c3f-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 20.00		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 81690e1e-d397-4d8c-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2099 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address P.O. Box 712			Amount 95.00		
City Alexander	State AR	Zip Code 72002	Transaction ID : 7c32d5b1-0f70-4b70-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address P.O. Box 712			Amount 37.50		
City Alexander	State AR	Zip Code 72002	Transaction ID : e8ce9365-9186-437e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2100 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 90.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : adfaf173-735f-4bf9-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 16.50	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 21098c28-2010-47b8-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	106.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2101 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1410 Bushville Dr		Amount 20.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 07c843be-4d32-4f70-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1410 Bushville Dr		Amount 5.40	
City Lenoir	State NC	Zip Code 28645	Transaction ID : eebf32f5-f2c9-479c-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2102 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1b2db70e-8c2b-4b2e-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 3007 Darden Rd			Amount 19.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : afa0dbe0-df7f-4b84-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2103 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 5fbb0ad0-1966-4361-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 2730 Dave Ward Dr			Amount 50.00		
City Conway		State AR	Zip Code 72034		Transaction ID : 76ebc139-9350-409e-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>	
Mailing Address 20679 Glenbrook Terrace		Amount <div> <div></div> <div>25.00</div> </div>	
City Sterling	State VA	Zip Code 20165	Transaction ID : 10200e4f-3d20-43ff-9 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 30 / 2014</div> </div>
Purpose of Expenditure Salary		Category/ Type <div> <div>001</div> </div>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>292434.22</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2105 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 25.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : f5fb6c94-884e-4feb-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2014	
Mailing Address 629 Radiance Ave			Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 38da8cd8-9de1-429b-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2106 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 629 Radiance Ave			Amount MM / DD / YYYY 3.30	
City Metairie	State LA	Zip Code 70001	Transaction ID : c752413f-f646-45b4-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 4691 Hercules Lane			Amount MM / DD / YYYY 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 34f6792b-a7c5-4adf-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			MM / DD / YYYY 103.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			MM / DD / YYYY 	
(c) TOTAL Independent Expenditures..... ▶			MM / DD / YYYY 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2107 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 30 / 2014	
Mailing Address 211 Dixie Ave			Amount 99999999 55.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 3748719f-c171-48ed-8 Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 99999999 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYYYY 09 / 30 / 2014	
Mailing Address 2121 Daniel Dr			Amount 99999999 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : fdc2e865-dbee-42d5-b Date of Disbursement or Obligation MM / DD / YYYYYY 09 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 99999999 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999 135.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999	
(c) TOTAL Independent Expenditures..... ▶			99999999	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2108 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 2121 Daniel Dr			Amount 83.10		
City Searcy	State AR	Zip Code 72143	Transaction ID : ea2be7c5-57f4-41a6-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 312 S Gunter St			Amount 20.00		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 9a570f77-008a-4447-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2109 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Marysol Netro		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014		
Mailing Address 312 S Gunter St		Amount 1.20		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 859ddd9c-e6fd-451f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 45.00		
City Monroe	State LA	Zip Code 71212	Transaction ID : 368b449b-a56d-4499-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		46.20		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 4.80	
City Monroe	State LA	Zip Code 71212	Transaction ID : 16714007-73a6-4bd2-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 7 Bards Lane		Amount 57.50	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 7747e803-e70f-4510-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital display units are shown, each with a 7-segment display. The first unit shows '01' with 'M' indicators above the segments. The second unit shows '30' with 'D' indicators above the segments. The third unit shows '2015' with 'Y' indicators above the segments. The units are separated by slashes.

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 1900 Glen West Way		Amount 55.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 80083c00-ac14-465f-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....		76.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2112 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00530766</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 09 / 30 / 2014		
Mailing Address 1900 Glen West Way			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">14.10</div>		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 13b6a163-7759-4b01-b Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 09 / 30 / 2014		
Mailing Address 100 Asbury Ct			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">80.00</div>		
City Winchester	State VA	Zip Code 22602	Transaction ID : 3e337d31-c828-4ffa-9 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">292434.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">94.10</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2113 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 9ecd00a3-c42a-4390-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 58c89ce5-d60a-4082-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : f39ff0af-3d36-4f15-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-top: 5px;">160.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 2506 Bolch Street		Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 065ffe9e-8c84-4ad7-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>140.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2116 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 2506 Bolch Street			Amount 26.40		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 4829f1c1-3ee1-4496-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014		
Mailing Address 205 Medallion Circle			Amount 60.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 0b368a69-10b3-4119-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2117 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 205 Medallion Circle			Amount 26.40	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 6533bd34-dad9-4fdb-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014	
Mailing Address 905 Lake Drive			Amount 112.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : dd2370ed-a45b-4ce1-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			138.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2118 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 905 Lake Drive		Amount 25.65
City Shelby	State NC	Zip Code 28152
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 01f0816c-ce95-42b4-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2014
Mailing Address 804 Roundabout Circle		Amount 80.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 4aa76f44-1ae0-4413-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.65
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2119 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 12.50	
City Raleigh	State NC	Zip Code 27606	Transaction ID : c2a99224-7a01-43be-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 3.39	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 1c296ffa-0e16-48fa-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		15.89	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2120 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Elizabeth M Moore			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2014		
Mailing Address 1223 Silver Sage Dr Apt 303			Amount 12.50		
City Raleigh	State NC	Zip Code 27606	Transaction ID : 59623046-cd63-4726-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Elizabeth M Moore			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2014		
Mailing Address 1223 Silver Sage Dr Apt 303			Amount 3.39		
City Raleigh	State NC	Zip Code 27606	Transaction ID : 5c8ba63a-55c9-41ff-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15.89		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2121 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY	
Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 7151 Mullins Drive		Amount 80.00		
City Saltville	State VA	Zip Code 24370	Transaction ID : 6858508a-fe17-4e32-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 24 / 2014		
Mailing Address 7151 Mullins Drive		Amount 53.10		
City Saltville	State VA	Zip Code 24370	Transaction ID : 302ddb3b-f896-491b-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		133.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2122 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1410 Bushville Dr		Amount 90.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 0add00e2-7e0f-43ab-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2014	
Mailing Address 1410 Bushville Dr		Amount 26.25	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 195a8948-ad2f-49bb-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	116.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2123 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 1410 Bushville Dr		Amount 90.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : e95e8297-4e0f-4580-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014	
Mailing Address 1410 Bushville Dr		Amount 26.25	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 3acffe17-d744-4dcd-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	116.25
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2124 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 7151 Mullins Drive			Amount 70.00		
City Saltville		State VA	Zip Code 24370		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : cf2c0a13-8c98-4cb5-a Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination 09 / 30 / 2014		
Mailing Address 7151 Mullins Drive			Amount 54.60		
City Saltville		State VA	Zip Code 24370		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 57438b1b-330f-460b-a Date of Disbursement or Obligation 09 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2125 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 50.00		
City Greensboro	State NC	Zip Code 27410	Transaction ID : 45f1be32-91cb-42b4-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount 0.90		
City Greensboro	State NC	Zip Code 27410	Transaction ID : f1fa8da4-82ea-4a88-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2126 OF 2127
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Tracey A Fraser			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2120 Nolan Trace St			Amount 80.00	
City Lessville	State LA	Zip Code 71446	Transaction ID : 29917d80-4d91-4725-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Tracey A Fraser			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014	
Mailing Address 2120 Nolan Trace St			Amount 76.80	
City Lessville	State LA	Zip Code 71446	Transaction ID : 5e2508a1-3ed8-4302-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			156.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2127 OF 2127
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Tracey A Fraser			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 2120 Nolan Trace St			Amount 60.00		
City Lessville	State LA	Zip Code 71446	Transaction ID : 4f927160-d4e8-461a-9 Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tracey A Fraser			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 26 / 2014		
Mailing Address 2120 Nolan Trace St			Amount 82.80		
City Lessville	State LA	Zip Code 71446	Transaction ID : da3b1a93-4421-4ab1-a Date of Disbursement or Obligation MM / DD / YYYY 09 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			170293.66		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 01 / 30 / 2015		